

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90018 026 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000088079

1. Entity Name

HART'S OLD COUNTRY STORE, INC.

Principal Place of Business

Mailing Address

4732 TARA VIEW ROAD
 LEESBURG FL 34748

4732 TARA VIEW ROAD
 LEESBURG FL 34748-7804

2. Principal Place of Business

3. Mailing Address

Hart's Old Country Store
 Suite, Apt. #, etc.
 4732 Tara View Rd
 City & State
 Leesburg, FL
 Zip
 34748
 Country
 USA

Hart's Old Country Store
 Suite, Apt. #, etc.
 4732 Tara View Rd
 City & State
 Leesburg FL
 Zip
 34748
 Country
 USA

4. FEI Number

52-2197595

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HART, JOSANNE
 4732 TARA VIEW ROAD
 LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name
 Josanne Hart
 Street Address (P.O. Box Number is Not Acceptable)
 4732 Tara View Rd
 City
 Leesburg
 State
 FL
 Zip Code
 34748

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.



\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HART, JOSANNE	
STREET ADDRESS	4732 TARA VIEW ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HART, MACE	
STREET ADDRESS	4732 TARA VIEW ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Josanne Hart 2/12/00 352-315-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)