

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90162 001 \*1,411.25

**DOCUMENT # S96859**

1. Entity Name  
**HART DEVELOPMENT, INC.**

Principal Place of Business

500 S FLORIDA AVE  
 STE 240  
 LAKELAND FL 33801  
 US

Mailing Address

500 S FLORIDA AVE  
 STE 240  
 LAKELAND FL 33801  
 US

2. Principal Place of Business

3. Mailing Address

500 S. Florida Ave, 4th Floor  
 Lakeland, Florida 33801

500 S. Florida Ave, 4th Floor  
 Lakeland, Florida 33801



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3092174**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JOHN B  
 10575 OLD DIXIE HWY  
 PONTE VEDRA FL 32082

Name

Street Address (P.O. Box Number is Not Applicable)  
**500 S. Florida Ave, 4th Floor  
 Lakeland, Florida 33801**

City

**FL**

Zip Code

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 reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HART, JOHN B 500 S FLORIDA AVE STE 240 LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HART, LITA G 500 S FLORIDA AVE STE 240 LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FITTERMAN, BARRY M 500 S FLORIDA AVE STE 240 LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WELLS, MARK R 500 S FLORIDA AVE STE 240 LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 S. Florida Ave, 4th Floor Lakeland, Florida 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mr. B. Hart*

Date

4/1/01

Daytime Phone #

CR2E034 (10/00)