2000 UN!FORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 622111** Jul 17, 2000 8:00 am 1. Entity Name **Secretary of State** HARDENBERGH FAMILY, INC. 07-17-2000 90074 024 ***150.00 Principal Place of Business Mailing Address HARDENBERGTT FAMILY INC. 1406 BRYN MAWR ATLANTIC IO 50022 1406 BRYN MAWR ATLANTIC 1O 50022-2738 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-1937601 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOON, PERRY F. Street Address (P.O. Box Number is Not Acceptable) 829 S WALNUT ST STARKE FL 32091 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) Change ☐ Addition TITLE TITLE Delete House nbergh, L.O. NAME NAME HARDENBERGH, L.O. STREET ADDRESS STREET ADDRESS 6840 DEER SPRINGS RD. CITY-ST-ZIP CITY-ST-7IP KEYSTONE HTS FL ☐ Addition Delete TITLE Change TITLE HARDENBERGH, ADELE M NAME NAME bowsenbergh STREET ADDRESS STREET ADDRESS 6840 DEER SPRINGS RD. CITY-ST-ZIP CITY-ST-ZIP KEYSTONE HTS FL Change ☐ Addition - 🖃 ∙ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H&R BLOCK®

To Whom It May Concern!

6-26-00

Due to medical conditions resulting in Open-Heart Surgery. This report is being filed late. We would like to be excused from the \$400 penalty.

Siverely, L. Hardenheyl Welle M. Hardenbergh