

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763237

1. Entity Name

HARDER HALL RESORT CLUB, LAKESIDE I CONDOMINIUM

Principal Place of Business

600 W LAKE DR BLVD
SEBRING FL 33872-5030
US

Mailing Address

600 W LAKE DR BLVD
SEBRING FL 33872-5030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2198161

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

C/O BECKER & POLIAKOFF P.A.
C JOHN CHRISTENSEN ESQ.
500 WINDERLY PLACE SUITE 104
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KIROUAC, MIKE	
STREET ADDRESS	600 W LAKE DR BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREUDENBERGER, KEITH	
STREET ADDRESS	600 W LAKE DR BLVD	
CITY-ST-ZIP	SEBRING FL 33872-5030	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ARTURI, PETER MD	
STREET ADDRESS	600 W LAKE DR BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
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		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Milner	
STREET ADDRESS	600 W. Lake Drive Blvd.	
CITY-ST-ZIP	Sebring, FL 33872	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Seipel	
STREET ADDRESS	600 W. Lake Drive Blvd.	
CITY-ST-ZIP	Sebring, FL 33872	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

4-28-00 (863) 385-5005
84700

CR2E037 (9/99)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90143 039 ****61.25



DO NOT WRITE IN THIS SPACE