

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90049 017 ****61.25

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

420 W. Lake Drive Blvd.
Suite, Apt. #, etc.

3. Mailing Address

420 W. Lake Drive Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sebring, FL

City & State
Sebring, FL

4. FEI Number
59-2198161

Applied For
Not Applicable

Zip Country
33875-5027 U.S.A.

Zip Country
33875-5027 U.S.A.

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 W. Lake Drive Blvd. Sebring, FL 33875-5027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 W. Lake Drive Blvd. Sebring, FL 33875-5027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 W. Lake Drive Blvd. Sebring, FL 33875-5027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 W. Lake Drive Blvd. Sebring, FL 33875-5027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 W. Lake Drive Blvd. Sebring, FL 33875-5027

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: Michael J. Requier President 1/25/01 (863) 385-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)