

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002132

1. Entity Name

HARKEN, INCORPORATED

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90099 015 ***150.00

Principal Place of Business

1251 E. WISCONSIN AVE.
PEWAUKEE WI 53072

Mailing Address

1251 E. WISCONSIN AVE.
PEWAUKEE WI 53072-3755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1086764**

Applied For

Not Applicable

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

HARVEY, NEIL
11 EVONAIRE CIRCLE
BELLEAIR FL 33756

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PC**
STREET ADDRESS **HARKEN, PETER O**
CITY-ST-ZIP **W278 N2931 ROCKY POINT**
PEWAUKEE WI 53072

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VVC**
STREET ADDRESS **HARKEN, OLAF T**
CITY-ST-ZIP **W238 N2251 BEACH PARK**
PEWAUKEE WI 53072

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SORENSEN, ROSE**
CITY-ST-ZIP **W267 N2926 PETERSON DRIVE**
PEWAUKEE WI 53072

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **MITCHEL, ARTHUR B**
CITY-ST-ZIP **W291 N2210 ELMHURST**
PEWAUKEE WI 53072

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PYLE, RUSSELL**
CITY-ST-ZIP **221 N. LASALLE STREET, SUITE 850**
CHICAGO IL 60601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowers.

SIGNATURE:

Arthur B. Mitchel Arthur B. Mitchel

1/11/00

262-691-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/99)