## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 31, 2000 8:00 am Secretary of State DOCUMENT # F9900006316 1. Entity Name HARDY MANAGEMENT COMPANY, INC. 08-31-2000 90001 018 \*\*\*550.00 Principal Place of Business Mailing Address 200 ROUTE 519 200 ROUTE 519 EIGHTY FOUR PA 15384-8484 **EIGHTY FOUR PA 15384-8484** UUU81884 2. Principal Place of Business 3. Mailing Address RT 519 PO BOX 8484 RT 519 PO BOX 8484 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 25-1581648 EIGHTY FOUR, PA EIGHTY FOUR, PA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 15384-8484 1<u>5384-8484</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 4. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 · 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change TITLE ☐ Delete HARDY, JOSEPH A SR. NAME NAME STREET ADDRESS 200 ROUTE 519 STREET ADDRESS RT 519 PO BOX 8484 CITY-ST-ZIP **EIGHTY FOUR PA 15384** CITY-ST-7IP EIGHTY FOUR, PA 15384-8484 Change ☐ Addition □ Detete TITLE TITLE MAGERKO, MARGARET HARDY NAME STREET ADDRESS STREET ADDRESS 200 ROUTE 519 RT 519 PO BOX 8484 CITY-ST-ZIF CITY-ST-ZIP **EIGHTY FOUR PA 15384-8484** EIGHTY FOUR, PA 15384-8484 ☐ Delete · 🔽 · Change 🕆 TITLE TITLE BOMAR, CHERI B NAME NAME RT 519 PO BOX 8484 STREET ADDRESS STREET ADDRESS 200 ROUTE 519 EIGHTY FOUR, PA 15384-8484 CITY-ST-ZIP **EIGHTY FOUR PA 15384-8484** CITY-ST-ZIP ▼ Addition ☐ Delete TITLE Change TITLE VP OF TAXATION NAME NAME DAVID E. CARLSEN STREET ADDRESS STREET ADDRESS RT 519 PO BOX 8484 CITY-ST-ZIP CITY-ST-ZIP EIGHTY FOUR, PA 15384-8484 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 REVENOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

724-228-8820

Daytime Phone #