

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90002 016 \*\*\*\*61.25

**DOCUMENT # N03717**

1. Entity Name

**HARDER HALL RESORT CLUB, LAKESIDE II CONDOMINIUM**

Principal Place of Business

Mailing Address

600 W LAKE DR BLVD  
 SEBRING FL 33872-5030  
 US

600 W LAKE DR BLVD  
 SEBRING FL 33872-5030  
 US

2. Principal Place of Business

3. Mailing Address

420 W. Lake Drive Blvd.

420 W. Lake Drive Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

Zip

33875-5027

Country

U.S.A.

Zip

33875-5027

Country

U.S.A.

4. FEI Number

59-2422688

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

C/O C JOHN CHRISTIANSEN ESQ.  
 BECKER & POLIAKOFF P.A.  
 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	VDT	<input type="checkbox"/> Delete
NAME	ARTURI, PETER MD	
STREET ADDRESS	600 W LAKE DR BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILNER, JAMES	
STREET ADDRESS	600 W LAKE DR BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIPEL, WILLIAM	
STREET ADDRESS	600 W LAKE DR BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREUDENBERGER, KEITH	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 W. Lake Drive Blvd.
STREET ADDRESS	Sebring, FL 33875-5027
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 W. Lake Drive Blvd.
STREET ADDRESS	Sebring, FL 33875-5027
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	Sebring, FL 33875-5027
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:

*Michael J. Reilly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 863-385-5005

Date

Daytime Phone #

CR2E037 (10/00)