

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007114

1. Entity Name

HARDEN BOULEVARD PROPERTY OWNERS ASSOCIATION, IN

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90014 020 ****61.25

Principal Place of Business 2000 E. EDGEWOOD DRIVE LAKELAND FL 33803	Mailing Address 2000 E. EDGEWOOD DRIVE LAKELAND FL 33803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. STE. 112	3. Mailing Address Suite, Apt. #, etc. STE 112
City & State	City & State
Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUSSER, LAWRENCE B
2000 E. EDGEWOOD DRIVE
LAKELAND FL 33803

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MUSSER, LAWRENCE B
STREET ADDRESS	2000 E. EDGEWOOD DRIVE
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input type="checkbox"/> Delete
NAME	YANT, JOHN L JR
STREET ADDRESS	215 IMPERIAL BOULEVARD
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input type="checkbox"/> Delete
NAME	CROSBY, BRIAN T
STREET ADDRESS	113 KERNEYWOOD STREET
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input type="checkbox"/> Delete
NAME	CARROLL, J. EDWARD
STREET ADDRESS	2000 E. EDGEWOOD DRIVE, SUITE 111
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS HARLEY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D RICHARDS HARLEY M.
STREET ADDRESS	2000 E. EDGEWOOD DR. STE. 112
CITY-ST-ZIP	LAKELAND, FL. 33803
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 empowerments.

SIGNATURE: *Lawrence Musser* **3/14/2000** **86366-58828**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)