

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48704

1. Entity Name

HARDY ENTERPRISES OF PALM BEACH COUNTY, INC.

Principal Place of Business

2126 OKEECHOBEE BLVD.
W. PALM BEACH FL 33409

Mailing Address

129 TURNBERRY DRIVE
ATLANTIS FL 33462-1024

2. Principal Place of Business

3. Mailing Address

129 TURNBERRY DR. ATLANTIS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIS, FLA.

City & State

ATLANTIS, FLA.

Zip

Country

Zip

Country

33462

U.S.

4. FEI Number

65-0261276

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

HARDEMAN, W C
129 TURNBERRY DRIVE
ATLANTIS FL 33462

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	D	<input type="checkbox"/> Delete
NAME	HARDEMAN, W C	
STREET ADDRESS	129 TURNBERRY DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEMAN, MATTHEW L	
STREET ADDRESS	4164 EASTVIEW AVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHL, DONALD P	
STREET ADDRESS	2315 S. CONGRESS AVE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEMAN, ALTA O	
STREET ADDRESS	129 TURNBERRY DR.	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 12, 2000

Date

964-5812

Daytime Phone #

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90081 011 ***150.00

604740



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)