

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005264

1. Entity Name

HARDEN & COMPANY INSURANCE SERVICES, INC. ✓

Principal Place of Business

1800 SUTTER ST
STE 400
CONCORD CA 94520

Mailing Address

PO BOX 4101
CONCORD CA 94524-1401

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

94-2311657

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CD ☒ Delete
NAME DUNATHAN, JAMES R
STREET ADDRESS 300 S EAGLE NEST LANE
CITY-ST-ZIP DANVILLE CA 94506

TITLE P/D ☐ Change ☒ Addition
NAME Hale, Terry D
STREET ADDRESS 6112 Skahan Lane
CITY-ST-ZIP Austin, TX 78739

TITLE PD ☒ Delete
NAME BOYD, LYNN A
STREET ADDRESS 104 TIMSON COURT
CITY-ST-ZIP FOLSOM CA 95630

TITLE S/D ☐ Change ☒ Addition
NAME Haynosch, Carol J.
STREET ADDRESS 1056 River Rock Lane
CITY-ST-ZIP Danville, CA 94526

TITLE D ☐ Delete
NAME ROSENDAHL, STUART E
STREET ADDRESS 2150 RIDGEBROOK DR
CITY-ST-ZIP WEST LINN OR 97302

TITLE V ☒ Change ☐ Addition
NAME Rosendahl, Stuart E
STREET ADDRESS 2150 Ridgebrook DR
CITY-ST-ZIP West Linn, OR 97302

TITLE D ☐ Delete
NAME HEDFORD, THOMAS O
STREET ADDRESS 5343 SW BANCROFT
CITY-ST-ZIP PORTLAND OR 97201

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

TITLE CEOS ☒ Delete
NAME WIKLUND, EARL
STREET ADDRESS 3237 WINGED FOOT DRIVE
CITY-ST-ZIP FAIRFIELD CA 94533

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 powers.

SIGNATURE:

Terry D. Hale
Terry D. Hale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00

Date

(925) 682-7707

Daytime Phone #

CR2E034 (5/00)