

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000021

1. Entity Name

HERITAGE OAKS CLUB HOMES VIII, INC.

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90030 047 \*\*\*\*61.25

**Gulf Coast Management  
Services, Inc.**  
10060 Amberwood Rd. Suite 4  
Ft. Myers, FL 33913

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Services, Inc.**  
10060 Amberwood Rd. Suite 4  
Ft. Myers, FL 33913



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1072983**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

**SWALM & BOURGEAU, P.A.**  
2375 TAMiami TRAIL N STE 308  
NAPLES FL 34103

Name

*Ken Hayden*

Street Address

**Gulf Coast Management  
Services, Inc.**

City

**10060 Amberwood Rd. Suite 4  
Ft. Myers, FL 33913**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office

SIGNATURE

*Ken Hayden*

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 **D** ☐ Delete  
NAME **DANNA, CHARLES JR**  
STREET ADDRESS **325 INTERSTATE BLVD**  
CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE **D** ☐ Delete  
NAME **ALLEGRA, ROBERT**  
STREET ADDRESS **337 INTERSTATE BLVD**  
CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE **D** ☐ Delete  
NAME **BURNS, ALAN T R**  
STREET ADDRESS **325 INTERSTATE BLVD**  
CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Charles Danna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/02*

Date

*(941) 379-4911*  
Daytime Phone #

CR2E037 (9/01)