2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003478

1. Entity Name

THE OLDE HICKORY VERANDAS COMMONS ASSOCIATION II

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90106 017 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR SUITE 100 FT MYERS FL 33908 US	C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR SUITE 100 FORT MYERS FL 33908-6698 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 6213-A Presidential Ct	Suite, Apt. #, etc. 6213A Presidential Ct
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33919 Country US	Zip 33919 Country US

4. FEI Number 65-0385668 ☐ 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
FLEMING, MICHAEL MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR SUITE 100 FORT MYERS FL 33908	Name Carol J. Henke Street Address (P.O. Box Number is Not Acceptable) 6213-A Presidential Ct City Fort Myers **FL** Zip Code 33919

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 Carol J Henke 4-27-2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HANSON, DEBRA 14281 HICKORY LINKS CT #1413 FT. MYERS FL 33912	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SELBERT, JOANNE 14301 HICKORY LINKS CT #1625 FT MYERS FL 33912	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BLANCHARD, ANN 14280 HICKORY LINKS CT #2021 FORT MYERS FL 33912	Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 4-27-2000 941-481-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #