

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90057 030 \*\*\*\*61.25

**DOCUMENT # N96000000071**

1. Entity Name

**HERITAGE OAKS GOLF & COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

10491 SIX MILE CYPRESS PARKWAY STE 101  
 FORT MYERS FL 33912

10491 SIX MILE CYPRESS PARKWAY STE 101  
 FORT MYERS FL 33912-6406

2. Principal Place of Business

3. Mailing Address

4860 Chase Oaks Drive

10481 Six Mile Cypress Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Fort Myers, FL

4. FEI Number

65-0639147

Applied For

Not Applicable

Zip

34241

Country

SARASOTA

Zip

33912

Country

FL

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

**BURNS, ALAN R**  
 10491 SIX MILE CYPRESS PARKWAY STE 101  
 FORT MYERS FL 33912

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

**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	PD	<input type="checkbox"/> Delete
NAME	ALLEGRA, ROBERT	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY STE 101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANNA, CHARLES	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY STE 101	
CITY-ST-ZIP	FORT-MYERS FL 33912	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY STE 101	
CITY-ST-ZIP	FORT MYERS FL 33912	
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"/> 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
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		

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

1/18/2000 941-278-1177  
 Date Daytime Phone #

CR2E037 (9/99)