

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000641

1. Entity Name

HEATHERWOOD HOMES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90090 027 ***150.00

Principal Place of Business

Mailing Address

17693 SUMMERLIN RD.
FORT MYERS FL 33908

17693 SUMMERLIN RD.
FORT MYERS FL 33908-5704

2. Principal Place of Business

24850 Burnt Pine Drive

3. Mailing Address

24850 Burnt Pine Drive

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34134

Country

Lee

Zip

34134

Country

Lee

4. FEI Number

84-0838698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RASMUS, MARK K
17693 SUMMERLIN RD.
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name Rasmus Mark K

Street Address (P.O. Box Number is Not Acceptable)

24850 Burnt Pine Drive Suite A

City Bonita Springs

FL

Zip Code 34134

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



4/18/00

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

TITLE P
NAME RASMUS, MARK K
STREET ADDRESS 24431 RESERVE COURT UNIT 101
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE S
NAME RASMUS, ELIZABETH J
STREET ADDRESS 4475 DOBBS CROSSING
CITY-ST-ZIP MARIETTA GA 30068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE S
NAME Elizabeth N. Rasmus
STREET ADDRESS 24431 Reserve Court
CITY-ST-ZIP Bonita Springs FL 34134 ☒ Change ☐ Addition

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

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

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

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

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 empowered.

SIGNATURE:



President

4/18/00

941-949-6855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)