

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000000641**

1. Entity Name

HEATHERWOOD HOMES, INC.**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90295 037 ***150.00

Principal Place of Business

**24850 BURNT PINE DR
SUITE 4
BONITA SPRINGS FL 34134**

Mailing Address

**24850 BURNT PINE DR
SUITE 4
BONITA SPRINGS FL 34134**

2. Principal Place of Business

8880 Terrene Court

Suite, Apt. #, etc.

3. Mailing Address

8880 Terrene Court

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL4. FEI Number **84-0838698**

Applied For

Not Applicable

Zip
34135Country
USAZip
34135Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RASMUS, MARK K
24850 BURNT PINE DR
SUITE C
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8880 Terrene CourtCity **Bonita Springs**Zip Code
34135

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.

Mark K. Rasmus

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark K. Rasmus**4/23/01**

Date

(941) 949-6855

Daytime Phone #

CR2E034 (10/00)