

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42335

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM I ASSOCIAT

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90023 012 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9400 GLADIOLUS DR 100 FT MYERS FL 33908 US		Mailing Address 9400 GLADIOLUS DR 100 FT MYERS FL 33908-6698 US	
2. Principal Place of Business 9411 Cypress Lake Drive		3. Mailing Address 9411 Cypress Lake Drive	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2	
City & State Fort Myers Florida		City & State Fort Myers, Florida	
Zip 33919	Country Lee	Zip 33919	Country Lee
4. FEI Number 65-0270013		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUIS MANAGEMENT
9400 GLADIOLUS DR
100
FORT MYERS FL 33908**

Name
W. W. Schoo Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
9411 Cypress Lake Drive
Suite 2
City
Fort Myers FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	STD RUBINSTEIN, BARBARA 14521 HICKORY HILL CT, 412 FT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, JOHN 14551 HICKORY HILL CT 113 FT. MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIEDERMAN, HOWARD 14531 HICKORY HILL CT #311 FT MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00

941-481-4700

CR2E037 (9/99)