

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90204 027 ****61.25

DOCUMENT # N42335

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM I ASSOCIAT

Principal Place of Business

**9411 CYPRESS LAKE DRIVE
 STE 2
 FORT MYERS FL 33919
 US**

Mailing Address

**9411 CYPRESS LAKE DRIVE
 STE 2
 FORT MYERS FL 33919
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0270013

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

**W.W. SCHOO MANAGEMENT, INC.
 9411 CYPRESS LAKE DRIVE
 STE 2
 FORT MYERS FL 33919**

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 **STD** ☒ Delete
 NAME **RUBINSTEIN, BARBARA**
 STREET ADDRESS **14521 HICKORY HILL CT, 412**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **STD** ☐ Change ☒ Addition
 NAME **PATRICIA DG YARMON**
 STREET ADDRESS **14451 HICKORY HILL CT - 116**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VPD** ☐ Delete
 NAME **WHITE, JOHN**
 STREET ADDRESS **14551 HICKORY HILL CT 113**
 CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE **PD** ☐ Delete
 NAME **NIEDERMAN, HOWARD**
 STREET ADDRESS **14531 HICKORY HILL CT #311**
 CITY-ST-ZIP **FT MYERS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4-26-2001 941-481-4700

CR2E037 (10/00)