## . 200√ UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # N48810** 04-02-2001 90044 047 \*\*\*\*61.25 THE OLDE HICKORY VERANDAS CONDOMINIUM II ASSOCIA Principal Place of Business Mailing Address 42001 NEW BRITTANY BEVD. C/O MARQUIS MGMT 9400 GLADIOLUS DR. #100 9400 GLADIOLUS DR. #100 FT. MYERS FL 33908 FT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0334646 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) -FLEMING, MICHAEL C/O MARQUIS MGMT, INC 9400 GLADIOLUS DR, #100 Zip Code City FT MYERS FL 33908 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be lake Check Payable to FILE NOW: Trust Fund Contribution. Department of State\_ **EE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. STD Addition ☐ Delete TITLE Change TITLE CARTER, ROBERT NAME NAME 14511 HICKEY HILL CT., #511 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL VD W 🗶 Delete TITLE TITLE KOMATZ, LAWRENCE JEPSON, DAVID NAME NAME 14510 HICKORY HULL 4 # 724 14440 HICKORY FAIRWAY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 23912 FT. MYERS, FL 339 ☐ Addition TITLE ☐ Delete TITLE **BUERSMEYER, JAMES** NAME NAME STREET ADDRESS 14510 HICKORY HILL CT. #726 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 piles like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR