

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000205

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM III ASSOCI

Principal Place of Business

C/O MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FT MYERS FL 33908
US

Mailing Address

C/O MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FT MYERS FL 33908
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

65-0385668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEMING, MICHAEL
MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DR #100
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

ARLENE O'NEILL

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

Arlene O'Neill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WILLIAMS, NATALIE
14520 HICKORY HILL CT. #826
FORT MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MAISON, CONNIE
14540 HICKORY HILL CT. #1021
FT MYERS FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GETNAN, JACK
14540 HICKORY HILL CT. #1114
FT MYERS FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROEPER, GERD
14540 HICKORY HILL CT. #814
FT MYERS FL 33912

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEADLEY, HERB
14550 HIKCORY HILL CT #1116
FT MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Herb Leadley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

941-561-2930

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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