

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001301

1. Entity Name

OLDE HICKORY VILLAS CONDOMINIUM II ASSOCIATION,

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90058 041 \*\*\*\*61.25

Principal Place of Business

12734 KENNWOOD LANE  
32  
FORT MYERS FL 33907  
US

Mailing Address

9411 CYPRESS LAKE DR  
2  
FORT MYERS FL 33919-4909  
US

2. Principal Place of Business

9411 Cypress Lake Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State  
Fort Myers, Florida

City & State

Zip  
33919

Country  
Lee

Zip

Country

4. FEI Number

65-0401722

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 DR  
#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 PD ☐ Delete  
NAME ANSCHUETZ, HAROLD  
STREET ADDRESS 14001 HICKORY MARSH LN, #66  
CITY-ST-ZIP FORT MYERS FL

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

TITLE VPD ☐ Delete  
NAME BURROW, ROBERT  
STREET ADDRESS 14051 HICKORY MARSH LN., #51  
CITY-ST-ZIP FORT MYERS FL

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

TITLE STD ☐ Delete  
NAME HUTCHISON, B.J.  
STREET ADDRESS 14201 HICKORY MARSH LN., #22  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

*Harold Anschuetz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-00

941-481-4700

CR2E037 (9/99)