

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003477

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM IV ASSOCIA

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90106 016 ****61.25

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DR #100 FT MYERS FL 33908 US	C/O MARQUIS MANGAEMENT INC 9400 GLADIOLUS DR #100 FT MYERS FL 33908-6698 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 6213 A Presidential Ct	Suite, Apt. #, etc. 6213 A Presidential Ct
City & State Fort Myers FL	City & State Fort Myers FL
Zip 33919	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0432795	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STILPHEN, PETER MARUIS MANAGEMENT INC 9400 GLADIOLUS DR #100 FT MYERS FL 33908	7. Name and Address of New Registered Agent Name Carol J. Henke Street Address (P.O. Box Number is Not Acceptable) 6213-A Presidential Ct City Fort Myers FL Zip Code 33919
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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 <u>Carol J. Henke</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4-27-2000</u> (NOTE: Registered Agent signature required when reinstating)
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FIREBAUGH, JAMES 14291 HICKORY LINKS CT #1515 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 RICHARD, HANSON 14281 HICKORY LINKS CT., #1413 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	DST SANDRA, GOULDING 9330 OLD HICKORY CIR 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 all other like empowered.

SIGNATURE: <u>SIGNATURE REQUIRED</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/27/00</u> Date	DAYTIME PHONE <u>941-561-0284</u> Daytime Phone #
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CR2E037 (9/99)