

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000724

1. Entity Name

OLDE HICKORY VILLAS CONDOMINIUM III ASSOCIATION.

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

04-10-2000 90062 045 ****61.25

Principal Place of Business

Mailing Address

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

%MARQUIS MANAGEMENT INC
9400 GLADIOLUS DR #100
FT MYERS FL 33908-6698
US

2. Principal Place of Business

3. Mailing Address

9411 Cypress Lake Drive

9411 Cypress Lake Drive

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 2

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

Zip Country
33919 Lee

Zip Country
33919 Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0470770

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
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 VPD ☐ Delete
NAME TAPSCOTT, EDWIN G
STREET ADDRESS 14250 HICKORY MARSH LN #122
CITY-ST-ZIP FT. MYERS FL

TITLE STD ☒ Change ☐ Addition
NAME Edwin G. Tapscott
STREET ADDRESS 14250 Hickory Marsh Lane #122
CITY-ST-ZIP Fort Myers, Florida

TITLE PD ☐ Delete
NAME WEBB, MICHAEL
STREET ADDRESS 14150 HICKORY MARSH LN #104
CITY-ST-ZIP FT MYERS FL

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

TITLE STD ☐ Delete
NAME HEAD, LORAN
STREET ADDRESS 5812 36TH AVE CT
CITY-ST-ZIP MOLINE IL 61265

TITLE VD ☒ Change ☐ Addition
NAME Loran Head
STREET ADDRESS 14050 Hickory Marsh Lane #82
CITY-ST-ZIP Fort Myers, Florida

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
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:

Michael C Webb
MICHAEL C WEBB, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 15, 2000 768-5959

CR2E037 (9/99)