

# 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



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DR #100 FT MYERS FL 33908 US	Mailing Address %MARQUIS MANAGEMENT INC 9400 GLADIOLUS DR #100 FT MYERS FL 33908-6698 US
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2. Principal Place of Business 9411 Cypress Lake Drive	3. Mailing Address 9411 Cypress Lake Drive
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Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. Suite 2
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City & State Fort Myers, Florida	City & State Fort Myers, Florida
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4. FEI Number 65-0470770	Applied For <input type="checkbox"/> Not Applicable
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Zip 33919	Country Lee	Zip 33919	Country Lee
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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

W.W. SCHOO MANAGEMENT, INC  
 9411 CYPRESS LAKE DR  
 STE 2  
 FORT MYERS FL 33919

7. Name and Address of New Registered Agent

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAPSCOTT, EDWIN G 14250 HICKORY MARSH LN #122 FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, MICHAEL 14150 HICKORY MARSH LN #104 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEAD, LORAN 5812 36TH AVE CT MOLINE IL 61265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Edwin G. Tapscott 14250 Hickory Marsh Lane #122 Fort Myers, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Loran Head 14050 Hickory Marsh Lane #82 Fort Myers, Florida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Michael C. Webb* MICHAEL C. WEBB, *President* Director, April 15, 2000 (941) 768-5959  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)