## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # N9400000724 1. Entity Name OLDE HICKORY VILLAS CONDOMINIUM III ASSOCIATION, 05-14-2001 90108 006 \*\*\*\*61.25 Mailing Address Principal Place of Business 9411 CYPRESS LAKE DRIVE 9411 CYPRESS LAKE DRIVE STF 2 STE 2 FORT MYERS FL 33919 FORT MYERS FL 33919 US LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0470770 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) W.W. SCHOO MANAGEMENT, INC 9411 CYPRESS LAKE DR STE 2 Zip Code FORT MYERS FL 33919 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. <u>370</u> ☐ Addition Delete STD TITLE TITLE Dilly Covert TAPSCOTT, EDWIN G NAME NAME 14050 Hickory Marsh Lane, #85 STREET ADDRESS STREET ADDRESS 14250 HICKORY MARSH LN #122 Fort Myers CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL PD Change ☐ Addition PD TITI F Delete TITLE WEBB, MICHAEL NAME NAME 14150 Hickory Marsh Lane, #105 14150 HICKORY MARSH LN #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33912 FT MYERS FL Change ☐ Addition VD Delete TITLE Michael Webb HEAD, LORAN NAME NAME 14150 Hickory Marsh Lane, #104 STREET ADDRESS STREET ADORESS 14050 HICKORY MARSH LANE #82 CITY-ST-7IP CITY-ST-ZIP FT MYERS FL Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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**