

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004181

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM V ASSOCIAT

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

05-04-2000 90106 018 \*\*\*\*61.25

Principal Place of Business C/O MARQUISE MANAGEMENT, INC. 9400 GLADIOLUS DRIVE #100 FORT MYERS FL 33908 US	Mailing Address C/O MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE #100 FORT MYERS FL 33908-6698 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Henke Property Mgt Suite, Apt. #, etc. 6213-A Presidential Ct City & State Ft Myers FL Zip 33919 Country USA	3. Mailing Address c/o Henke Property Mgt Suite, Apt. #, etc. 6213-A Presidential Ct City & State Ft Myers FL Zip 33919 Country USA
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4. FEI Number 65-0522397	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 MARQUIS MANAGEMENT, INC. MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE #100 FORT MYERS FL 33908	7. Name and Address of New Registered Agent Name Carol J Henke Street Address (P.O. Box Number is Not Acceptable) c/o Henke Property Mgt Inc 6213-A Presidential Ct City Ft 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. (NOTE: Registered Agent signature required when reinstating)	4-27-2000 DATE
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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 SEIBERT, JOANNE 14301 HICKORY LINKS CT. #1624 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	STD MITCHELL, WILLIAM 14310 HICKORY LINKS CT. #1715 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 SCHAD, REX A. 14310 HICKORY LINKS CT. #1712 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	<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]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-27-2000 Date	941-481-7150 Daytime Phone #
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CR2E037 (9/99)