

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90089 031 ****61.25

0004953

DOCUMENT # N95000001062

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM VI ASSOCIA

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT INC.
 9400 GLADIOLUS DRIVE #100
 FORT MYERS FL 33908
 US

C/O MARQUIS MANAGEMENT INC.
 9400 GLADIOLUS DRIVE #100
 FORT MYERS FL 33908
 US

B0023801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0569396

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~FLEMING, MICHAEL~~
MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908

Name **ARLENE O'NEILL**

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

Arlene O'Neill

3/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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	VPO	<input type="checkbox"/> Delete
NAME	EPPELSHEIMER, R.L.	
STREET ADDRESS	14270 HICKORY LINKS CT. #2114	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERMAN, DUANNE	
STREET ADDRESS	14280 HICKORY LINK CT-2025	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD VD	<input type="checkbox"/> Delete
NAME	RUEDIGER, BERNT	
STREET ADDRESS	14280 HICKORY LINKS CT #2026	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCHARD, CHARLES	
STREET ADDRESS	14280 HICKORY LINKS CT #2021	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Duane Sherman* **SIGNATURE REQUIRED** *Sherman* **3/29/01** **(941) 454-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)