

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90454 027 \*\*\*\*61.25

DOCUMENT # **N95000001062**

1. Entity Name  
**THE OLDE HICKORY VERANDAS CONDOMINIUM VI ASSOCIA  
TION, INC.**



Principal Place of Business  
**C/O MARQUIS 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  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**clo R+M Property Management**

3. Mailing Address  
**clo R+M Property Management**

Suite, Apt. #, etc.  
**15160 San Carlos Blvd Ste 40**

Suite, Apt. #, etc.  
**15160 San Carlos Blvd, Suite 40**

City & State  
**FL Myers, FL**

City & State  
**FL Myers, FL**

4. FEI Number **65-0569396**

Applied For  
Not Applicable

Zip  
**33908**

Country  
**USA**

Zip  
**33908**

Country  
**USA**

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

**O'NEILL, ARLENE  
MARQUIS MANAGEMENT, INC.  
9400 GLADIOLUS DRIVE #100  
FORT MYERS FL 33908**

Name **Paul Sapp clo R+M Property Management**  
Street Address (P.O. Box Number is Not Acceptable)  
**15160 San Carlos Blvd,  
Suite 40  
City FL Myers FL Zip Code 33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul S. Sapp**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-27-2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD EPPLESHEIMER, LOU 14270 HICKORY LINKS CT #2114 FORT MYERS FL 33912</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHERMAN, DUANNE 14280 HICKORY LINK CT. 2025 FORT MYERS FL 33912</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RUEDIGER, BERNT 14280 HICKORY LINKS CT #2026 FORT MYERS FL 33912</b>	<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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Paul Sapp assist Sec 15160 San Carlos Blvd #40 FL Myers FL 33908</b>	<input type="checkbox"/> Change <input checked="" 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-2003**

CR2E037 (10/02)