

2001- UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000368

1. Entity Name

HERITAGE OAKS GOLF VILLAS I, INC.

Principal Place of Business

10050 AMBERWOOD ROAD
#4
FORT MYERS FL 33913
US

Mailing Address

10050 AMBERWOOD ROAD
#4
FORT MYERS FL 33913
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0728486

Applied For

Not Applicable

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

GOELLES, BOB
GULF COAST MANAGEMENT SERVICES
#4
FORT MYERS FL 33913

Name

Street Address (P.O. Box Number is Not Acceptable)

Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 DV
NAME DANNA, CHARLES
STREET ADDRESS 337 INTERSTATE BOULEVARD
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE D
NAME FRANK SQUANK
STREET ADDRESS 4405 SAMOSET DRIVE
CITY-ST-ZIP SARASOTA, FL 34241 ☐ Change ☒ Addition

TITLE DP
NAME ALLEGRA, ROBERT T
STREET ADDRESS 337 INTERSTATE BOULEVARD
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE D
NAME ARLENE MITCHELL
STREET ADDRESS 4578 SAMOSET DRIVE
CITY-ST-ZIP SARASOTA, FL 34241 ☐ Change ☒ Addition

TITLE DST
NAME CHAMBERS, CONNOR
STREET ADDRESS 337 INTERSTATE BOULEVARD
CITY-ST-ZIP SARASOTA FL 34240 ☒ Delete

TITLE D
NAME ASTRID WALKER
STREET ADDRESS 4617 SAMOSET DRIVE
CITY-ST-ZIP SARASOTA, FL 34241 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.7(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

Date

Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-16-2001 90004 010 ****61.25

11790



DO NOT WRITE IN THIS SPACE

CP2E037 (5/01)