# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 25, 2002 8:00 am**
**Secretary of State**
02-25-2002 90105 026 ****61.25

DOCUMENT # N97000000368

1. Entity Name

HERITAGE OAKS GOLF VILLAS I, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10050 AMBERWOOD ROAD<br>#4<br>FORT MYERS FL 33913<br>US | 10050 AMBERWOOD ROAD<br>#4<br>FORT MYERS FL 33913<br>US |

DO NOT WRITE IN THIS SPACE

| 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**

HAYDEN, KEN
GULF COAST MANAGEMENT SERVICES
#4
FORT MYERS FL 33913

**7. Name and Address of New Registered Agent**

Name Ken Hayden

Gulf Coast Management Services, Inc.
10060 Amberwood Road Suite 4
Fort Myers, FL 33913

Zip Code

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

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**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SCHANK, FRANK<br>4605 SAMOSET DR<br>SARASOTA FL 34241 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>MITCHELL, ARLENE<br>4578 SAMOSET DR<br>SARASOTA FL 34241 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>WALKER, ASTRID<br>4617 SAMOSET DRIVE<br>SARASOTA FL 34241 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E037 (9/01)

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 1-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #