

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90040 034 ****61.25

DOCUMENT # N97000003578

1. Entity Name

HERITAGE OAKS CLUB HOMES II, INC.

Principal Place of Business

Mailing Address

10060 AMBERWOOD RD.
 4
 FT. MYERS FL 33913

10060 AMBERWOOD RD.
 4
 FT. MYERS FL 33913

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 **65-0786187**

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

~~CELLES, BOB~~
GULF COAST MGMT. SERVICES
 10060 AMBERWOOD RD. 4
 FT. MYERS FL 33913

Name

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

City

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

Zip Code

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

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 **PD** ☒ Delete
 NAME **ANDERSON, MAURIE**
 STREET ADDRESS **5072 BLUE ASH AVE**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **VD** ☐ Delete
 NAME **WIDMAIER, KEN**
 STREET ADDRESS **5120 BLUE ASH AVE**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **STD** ☒ Delete
 NAME **SORENSEN, ANNE**
 STREET ADDRESS **5042 BLUE ASH AVE**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** ☐ Change ☒ Addition
 NAME **President. Lee Thayer.**
 STREET ADDRESS **5073 Blue Ash Ave.**
 CITY-ST-ZIP **SARASOTA, FL. 34241**

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

TITLE **STTD** ☐ Change ☒ Addition
 NAME **Secretary/Treasurer Deborah Mueller**
 STREET ADDRESS **5086 Blue Ash Ave**
 CITY-ST-ZIP **Sarasota FL 34241**

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

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

TITLE ☐ Change ☐ 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

SIGNATURE REQUIRED

CR2E037 (10/00)