2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED DOCUMENT # N9700003687 Jul 17, 2000 8:00 am Secretary of State 1. Entity Name HERITAGE OAKS GOLF VILLAS II, INC. 07-17-2000 90005 010 ****61.25 Principal Place of Business Mailing Address 10060 AMBERWOOD RD 10060 AMBERWOOD RD FT. MYERS FL 33913-8522 FT. MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0770052 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GELLES, BOB **GULF COAST MANAGEMENT SERVICES** 10060 AMBERWOOD RD #4 City Zip Code FI FT MYERS FL 33913 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 (NOTE- Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITLE Delete NAME ALLEGRA, ROBERT T NAME STREET ADDRESS 10491 SIX MILE CYPRESS PKWY, SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 **Section** TITLE DP Delete TITLE DANNA, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 10491 SIX MILE CYPRESS PKWY, SUITE 101 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 DST ---Addition TITLE **™**Delete TITLE CHAMBERS, CONNOR NAME STREET ADDRESS 10491 SIX MILE CYPRESS PKWY, SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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