

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90006 006 ****61.25

0068344

DOCUMENT # N97000003687

1. Entity Name

HERITAGE OAKS GOLF VILLAS II, INC.

Principal Place of Business

10060 AMBERWOOD RD
 4
 FT. MYERS FL 33913

Mailing Address

10060 AMBERWOOD RD
 4
 FT. MYERS FL 33913

554145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0770052

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~00000000~~
GULF COAST MANAGEMENT SERVICES
 10060 AMBERWOOD RD #4
 FT MYERS FL 33913

Name

Ken Hayden

St

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 agent

SIGNATURE

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

(NOT: Registered Agent's 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	DP	<input type="checkbox"/> Delete
NAME	WEBB, CLAYTON	
STREET ADDRESS	4462 SOMERSET DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PELLINO, RICH	
STREET ADDRESS	4497 SOMERSET DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MILLER, WILLIAM	
STREET ADDRESS	4467 SOMERSET DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chuck Mertz	
STREET ADDRESS	4491 Somerset Drive	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLINO, Richard	
STREET ADDRESS	4497 Somerset Drive	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAINO, Richard	
STREET ADDRESS	4468 Somerset Drive	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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:

Ken Hayden

May 19 2001 941-927-2685

CR2E037 (10/00)