

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001158

1. Entity Name

VERANDA II AT HERITAGE OAKS ASSOCIATION, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90005 006 ****61.25

Principal Place of Business

10060 AMBERWOOD RD
4
FT. MYERS FL 33913
US

Mailing Address

10060 AMBERWOOD RD
4
FT. MYERS FL 33913-6522
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

65-0820419

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

GELLES, BOB
GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD #4
FT MYERS FL 33913

Name

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

City

FL

Zip Code

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

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 D ☒ Delete
NAME ALLEGRA, ROBERT T
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY., SUITE 101
CITY-ST-ZIP FT. MYERS FL 33912

TITLE PD ☐ Change ☒ Addition
NAME Eugene Lyman
STREET ADDRESS 5271 Mahogany Run Ave # 722
CITY-ST-ZIP Sarasota, FL 34241

TITLE D ☒ Delete
NAME DANNA, CHARLES
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY., SUITE 101
CITY-ST-ZIP FT. MYERS FL 33912

TITLE VD ☐ Change ☒ Addition
NAME Hugh Wright
STREET ADDRESS 5251 Mahogany Run Ave # 511
CITY-ST-ZIP Sarasota, FL 34241

TITLE D ☒ Delete
NAME CHAMBERS, CONNOR
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY., SUITE 101
CITY-ST-ZIP FT. MYERS FL 33912

TITLE STD ☐ Change ☒ Addition
NAME Marlene Gunning
STREET ADDRESS 5251 Mahogany Run Ave # 524
CITY-ST-ZIP Sarasota, FL 34241

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/93)