## **2001 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

C/O HENKE PROP MGMT 6213-A PRESIDENTAL CT

FORT MYERS FL 33919

## DOCUMENT # N9800001202

1. Entity Name

Principal Place of Business

C/O HENKE PROP MGMT

6213-A PRESIDENTAL CT FORT MYERS FL 33919

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## TERRACE III AT LAKESIDE GREENS ASSOCIATION, INC.

3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0825017 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HENKE, CAROL J C/O HENKE PROPERTY MGMT INC. 6213-A PRESIDENTIAL CT Zip Code City FORT MYERS FL 33919 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 (NOTF: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be  $\Box$ Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 91 Addition Change : Delete TITLE TITLE MUCHAEL HAMPTON KEENAN, PAMELA NAME 8086 QUEEN PALM LANE # 325 STREET ADDRESS 8086 QUEEN PALM LANE 338 STREET ADDRESS FORT MYERS, FL 339/2 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Addition 04V Delete TITLE TITLE CARL QUILLY YOUNGER, ZOZO NAME 8086 QUEEN PALM LANG, # 333 NAME STREET ADDRESS 8086 QUEEN PALM LANE 346 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL CITY-ST-ZIP FORT MYERS FL 33912 Addition Change STD ☐ Delete TITLE TITLE KINGER, G D NAME NAME STREET ADDRESS 8086 QUEEN PALM LANE 336 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FORT MYERS FL 33912 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE 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

May 11, 2001 8:00 am

Secretary of State

05-11-2001 90073 009 \*\*\*\*61.25

Daytime Phone #