

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001509

1. Entity Name

THE HALCYON GROUP, INC.

FILED

May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90061 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2021 ENGLEWOOD ROAD  
SUITE D  
ENGLEWOOD FL 34223

2021 ENGLEWOOD ROAD  
SUITE D  
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821459

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

ROPKE, F.W. CARL  
522 S. MCCALL ROAD  
#2W  
ENGLEWOOD FL 34223

Name ROPKE, F.W. CARL  
Street Address (P.O. Box Number is Not Acceptable)  
115 WINSON AVENUE

City ENGLEWOOD FL Zip Code 34223

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 PD ☐ Delete  
NAME ROPKE, IV, F. W. CARL  
STREET ADDRESS 522 S MCCALL ROAD, #2W  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE PD ☒ Change ☐ Addition  
NAME ROPKE IV, F.W. CARL  
STREET ADDRESS 115 WINSON AVENUE  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☐ Delete  
NAME LEADER, WILLIAM DR  
STREET ADDRESS 738 VENICE AVE E  
CITY-ST-ZIP VENICE FL 34292

TITLE D ☒ Change ☐ Addition  
NAME LEADER, WILLIAM DR  
STREET ADDRESS 738 VENICE AVE E  
CITY-ST-ZIP VENICE, FL 34292

TITLE D ☐ Delete  
NAME ROPKE, F.W. CARL III  
STREET ADDRESS 3709 DAWSON LANE  
CITY-ST-ZIP PUNTA GORDA FL

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

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:

F.W. Carl Ropke IV QUIREN CARL ROPKE IV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 941-475-7357

CR2E037 (9/01)