

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90010 028 ****61.25

DOCUMENT # N98000001997

1. Entity Name

HERITAGE ESTATES II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~10491 SIX MILE CYPRESS PARKWAY~~
~~SUITE 101~~
~~FORT MYERS FL 33912~~

~~10491 SIX MILE CYPRESS PARKWAY~~
~~SUITE 101~~
~~FORT MYERS FL 33912-0400~~

2. Principal Place of Business

3. Mailing Address

10060 Amberwood Rd
Suite #4
4

10060 Amberwood Rd
Suite #4
4

City & State
Fort Myers, FL
 Zip
33913
 Country
USA

City & State
Fort Myers, FL
 Zip
33913
 Country
USA

4. FEI Number
65-0832885

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

~~SHIELDS, CHRISTOPHER J~~
~~1833 HENDRY STREET~~
~~FORT MYERS FL 33901~~

Name
Bob Geller
 Street Address (P.O. Box Number is Not Acceptable)
90 Gulf Coast Management Services
10060 Amberwood Road #4
 City
Fort Myers FL Zip Code
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

Robert E. Geller Robert E. Geller
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/28/00
 DATE

FILE NOW:
FEF 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 NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, JOSEPH 10491 SIX MILE CYPRESS PARKWAY #101 FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURRAY, DARIN 10491 SIX MILE CYPRESS PARKWAY #101 FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, ALAN R 10491 SIX MILE CYPRESS PARKWAY #101 FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Steve Benson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

(941) 561-1600
 Daytime Phone #

CF 2E037 (5/99)