

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003601

1. Entity Name

HERITAGE ESTATES III HOMEOWNERS ASSOCIATION, INC

FILED

Aug 08, 2000 8:00 am  
Secretary of State

08-08-2000 90090 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~10491 SIX MILE CYPRESS PKWY., STE. 101  
FT. MYERS FL 33912~~

~~10491 SIX MILE CYPRESS PKWY., STE. 101  
FT. MYERS FL 33912-6406~~

2. Principal Place of Business

3. Mailing Address

10060 Amberwood Road  
Suite 4, Inc.

10060 Amberwood Road  
Suite 4, Inc.

City & State

Fort Myers, FL

Zip 33913

Country

USA

City & State

Fort Myers, FL

Zip 33913

Country

USA

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~SHIELDS, CHRISTOPHER J  
1832 HENDRY ST.  
FT. MYERS FL 33901~~

7. Name and Address of New Registered Agent

Name

Bob Geller

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

40 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

4/28/00

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	<input checked="" type="checkbox"/> Delete
NAME	<del>GRIMES, JOSEPH</del>	
STREET ADDRESS	<del>10491 SIX MILE CYPRESS PKWY., STE. 101</del>	
CITY-ST-ZIP	<del>FT. MYERS FL 33912</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY., STE. 101	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY., STE. 101	
CITY-ST-ZIP	FT. MYERS FL 33912	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Benson	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

Daytime Phone #

(941) 561-1600

CR2E037 (9/99)