

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007049

1. Entity Name

HERITAGE OAKS GOLF VILLAS V, INC.

FILED

Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90577 006 \*\*\*\*61.25

Gulf Coast Management  
Services, Inc.

10060 Amberwood Rd. Suite 4  
Ft. Myers, FL 33913

Gulf Coast Management  
Services, Inc.

10060 Amberwood Rd. Suite 4  
Ft. Myers, FL 33913



Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0975516

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

GULF COAST MANAGEMENT SERVICES, INC  
10060 AMBERWOOD RD STE 4  
FORT MYERS FL 33913

Name

Ken Hayden

Gulf Coast Management  
Services, Inc.

10060 Amberwood Rd. Suite 4  
Ft. Myers, FL 33913

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its reg

ida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-02

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	DANNA, CHARLES	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEGRA, ROBERT T	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, CONNOR	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34240	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS KORMAN	
STREET ADDRESS	4600 Legacy AT	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN O'FLAHERTY	
STREET ADDRESS	4403 CHASE OAKS DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT RHEHARDT	
STREET ADDRESS	4631 Legacy AT	
CITY-ST-ZIP	SARASOTA FL 34241	
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		
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

1/11/02

Date

94-722-6847

Daytime Phone #

CR2E037 (9/01)