

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020443

1. Entity Name

ESTERO VACATION AND INVESTMENTS, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

01-29-2001 90042 031 ***150.00

Principal Place of Business

23053 SHADY KNOLL DRIVE
BONITA SPRINGS FL 34135

Mailing Address

23053 SHADY KNOLL DRIVE
BONITA SPRINGS FL 34135

2. Principal Place of Business

see above

3. Mailing Address

see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

LUPO, DAVID T ESQ
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108-2709

7. Name and Address of New Registered Agent

Name: DR. HEINRICH TILLMANN
Street Address (P.O. Box Number is Not Acceptable)
23053 SHADY KNOLL DRIVE
City: BONITA SPRINGS FL Zip Code: 34135

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

DR. HEINRICH TILLMANN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	HEIKE EICHENBERG	<input type="checkbox"/> Delete
NAME	23053 SHADY KNOLL DR.	
STREET ADDRESS	BONITA SPRINGS, FL 34135	
CITY-ST-ZIP		
TITLE	DR. HEINRICH TILLMANN	<input type="checkbox"/> Delete
NAME	VALLEY VIEW DRIVE	
STREET ADDRESS	PRINCE GEORGE, CANADA, BC	
CITY-ST-ZIP		
TITLE	DR. HEINRICH TILLMANN	<input type="checkbox"/> Delete
NAME	23053 SHADY KNOLL DR.	
STREET ADDRESS	BONITA SPRINGS, FL 34135	
CITY-ST-ZIP		
TITLE	IRENE KATHARINA TILLMANN	<input type="checkbox"/> Delete
NAME	40 SOESTERSTRASSE	
STREET ADDRESS	59059 HAMM, GERMANY	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DR. HEINRICH TILLMANN

Date

Daytime Phone #

CR2E034 (10/00)

Doc # P00000020443

26503

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Estero Vacation and Investments, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 23053 Shady Knoll Drive	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Bonita Springs, FL 34135	5b City, state, and ZIP code
	6 County and state where principal business is located Lee County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ Heikes Schuhgeschäft	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input checked="" type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ▶ C-CORP
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) 2/25/00	11 Closing month of accounting year (see instructions)
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ n/a
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ▶
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15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed
Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Heikes Schuhgeschäft, President

Name and title (Please type or print clearly.) ▶ **HEIKE EICHENBERG, PRESIDENT**

Signature ▶

Date ▶ **01/11/01**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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