

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90099 042 ***150.00

DOCUMENT # P01000102908

1. Entity Name

HICKORY WOODS COMMUNITY DEVELOPERS, INC.

Principal Place of Business

**6767 N. WICKHAM ROAD, SUITE 500
 MELBOURNE FL 32940**

Mailing Address

**6767 N. WICKHAM ROAD, SUITE 500
 MELBOURNE FL 32940**

652309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3751895

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

FRESE, GARY B

**930 S. HARBOR CITY BLVD. SUITE 505
 MELBOURNE FL 32901**

Name

Keith Buescher

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

6767 N. Wickham Road, Suite 500

City

Melbourne,

FL

Zip Code
32940

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

Keith Buescher

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SWAIN, LINDA**
 STREET ADDRESS **6767 N. WICKHAM ROAD, SUITE 500**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BUESCHER, KEITH**
 STREET ADDRESS **6767 N. WICKHAM ROAD, SUITE 500**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KUSH, ROBERT M**
 STREET ADDRESS **6767 N. WICKHAM ROAD, SUITE 500**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SEMLER, DANIEL**
 STREET ADDRESS **6767 N. WICKHAM ROAD, SUITE 500**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **TD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PRINCE, FRANK R**
 STREET ADDRESS **6767 N. WICKHAM ROAD, SUITE 500**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **SD** ☒ 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

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:

Keith Buescher
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 (321) 259-6972 x247

CR2E034 (9/01)