

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90135 012 ***150.00

0539722

DOCUMENT # P97000041727

1. Entity Name
HEG OF LEE COUNTY, INC.

Principal Place of Business
2025 SE 21ST LANE
CAPE CORAL FL 33990

Mailing Address
2025 SE 21ST LANE
CAPE CORAL FL 33990

2. Principal Place of Business
2021 SE 21ST LANE

3. Mailing Address
2021 SE 21ST LANE

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33990

Country
LEE

4. FEI Number **65-0761972**

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
~~NOT APPLICABLE~~ **KLAUS HAASS**

Street Address (P.O. Box Number is Not Acceptable)
2021 SE 21ST LANE

City
CAPE CORAL, FL

Zip Code
33990

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 **(KLAUS HAASS)**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/20/2001

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
PD

NAME
HAASS, KLAUS

STREET ADDRESS
2301 DEL PRADO BLVD, SUITE 100

CITY-ST-ZIP
CAPE CORAL FL 33990

☐ Delete

TITLE
VSD

NAME
TOTH, YVONNE

STREET ADDRESS
2301 DEL PRADO BLVD, SUITE 100

CITY-ST-ZIP
CAPE CORAL FL 33990

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD

NAME
HAASS, KLAUS

STREET ADDRESS
2021 SE 21ST LANE

CITY-ST-ZIP
CAPE CORAL, FL 33990

☒ Change ☐ Addition

TITLE
VSD

NAME
HAASS, YVONNE (FORMER TOTH)

STREET ADDRESS
2021 SE 21ST LANE

CITY-ST-ZIP
CAPE CORAL, FL 33990

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **(KLAUS HAASS, PRESIDENT)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2001

Date

941-573-6327

Daytime Phone #

CR2E034 (10/00)