

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90003 019 ***150.00

DOCUMENT # 549249
 1. Entity Name
HERITAGE MANAGEMENT CORP.

Principal Place of Business 2516 S.W.27TH AVE. P.O.BOX 2495 OCALA FL 32678	Mailing Address 2516 S.W.27TH AVE. P.O.BOX 2495 OCALA FL 34478-2495
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2. Principal Place of Business 1320 S. E. 25th Loop Suite, Apt. #, etc. #101	3. Mailing Address P.O. Box 2495 Suite, Apt. #, etc.
City & State Ocala, FL	City & State Ocala, FL
Zip 34471	Country USA
Zip 34478	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1771131** Applied For
 Not Applied For

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DAY, JAMES E
2516 S.W. 27TH AVE
OCALA FL 34478

7. Name and Address of New Registered Agent
 Name **Kenneth B Kirkpatrick**
 Street Address (P.O. Box Number is Not Acceptable)
1320 S. E. 25th Loop #101
 City **Ocala** **FL** Zip Code **34471**

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 *Kenneth B Kirkpatrick* **Kenneth B Kirkpatrick President** **1-28-00**
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P KIRKPATRICK, JOHN W. 2531 N.W. 41ST ST GAINESVILLE FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAY, JAMES 3245 NE 44TH PLACE OCALA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add Kirkpatrick, Kenneth B 307 S. E. 21st Terr. Ocala, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add Kirkpatrick, Suzanne R. 307 S.E. 21st Terr. Ocala, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kenneth B Kirkpatrick* **Kenneth B Kirkpatrick** **1-28-00 (352) 369-9881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #