

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90013 017 \*\*\*150.00

0419697

**DOCUMENT # 549249**

1. Entity Name  
**HERITAGE MANAGEMENT CORP.**

Principal Place of Business <b>1320 SE 25TH LOOP          101          OCALA FL 32678</b>	Mailing Address <b>P.O.BOX 2495          OCALA FL 32678</b>
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**00005634**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>59-1771131</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  
**KIRKPATRICK, KENNETH B  
 1320 SE 25TH LOOP 101  
 OCALA FL 34478**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
T KIRKPATRICK, JOHN W 2531 N.W. 41ST ST GAINESVILLE FL 32607	<input type="checkbox"/> Delete
S DAY, JAMES 3245 NE 44TH PLACE OCALA FL	<input type="checkbox"/> Delete
P KIRKPATRICK, KENNETH B 307 S E 21ST TERR OCALA FL 34471	<input type="checkbox"/> Delete
V KIRKPATRICK, SUZANNE R 307 SE 21ST TERR OCALA FL 34471	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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* **1/19/01** **352/369-9881**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)