

2000 UNIFORM BUSINESS REPORT (UBR)

0019254 A3

DOCUMENT # B96000000217

1. Entity Name
HERITAGE OPERATING, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:21



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8801 SOUTH YALE, SUITE 310, TULSA OK 74137**

Mailing Address: **2225 11TH AVENUE, HELENA MT 59601-4880**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **73-1495293**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

9. Capital Contributions as Shown on record: **\$10,547,250.00**

10. Amount of Capital Contributions in FLORIDA to date: **10,547,250**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000002981	STREET ADDRESS	
NAME	HERITAGE HOLDINGS, INC.	CITY - ST - ZIP	
STREET ADDRESS	8801 SOUTH YALE, STE. 310		
CITY - ST - ZIP	TULSA OK 74137		
DOCUMENT #		STREET ADDRESS	<i>hf 2/29/00</i>
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	600003155856--6
NAME		CITY - ST - ZIP	--03/03/00--01013--017--
STREET ADDRESS			*****526.25 *****526.25
CITY - ST - ZIP			
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CITY - ST - ZIP			

CR2E003 (6/9)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Michael Krumboltz* **2-15-00** **918-492-7272**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER Date Daytime Phone #