

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007828

1. Entity Name

HERITAGE/NAPLES ACQUISITION, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90021 011 \*\*\*150.00

Principal Place of Business

Mailing Address

705 LONE OAK BLVD  
NAPLES FL 33942  
US

31275 NORTHWESTERN HWY.  
STE. 111  
FARMINGTON HILLS MI 48334-2578  
US

2. Principal Place of Business

8001 Vintage Parkway

3. Mailing Address

One Heritage Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

Fort Myers, Florida

City & State

Southgate, Michigan

4. FEI Number

38-3082798

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

48195

Country

USA

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **S MORELLO, STEVEN J**  
STREET ADDRESS **ONE HERITAGE PL #400**  
CITY-ST-ZIP **SOUTHGATE MI 48195**

TITLE ☒ Change ☐ Addition  
NAME **P Thomas Hoolihan**  
STREET ADDRESS **8001 Vintage Parkway**  
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Delete  
NAME **CD TREADWELL, DAVID L**  
STREET ADDRESS **ONE HERITAGE PL #400**  
CITY-ST-ZIP **SOUTHGATE MI**

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

TITLE ☐ Delete  
NAME **T KOENIG, LORI**  
STREET ADDRESS **ONE HERITAGE PL #400**  
CITY-ST-ZIP **SOUTHGATE MI**

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

TITLE ☒ Delete  
NAME **P MCLAY, GLEN**  
STREET ADDRESS **3220 W. CROWN POINTE BLVD.**  
CITY-ST-ZIP **NAPLES FL 33962**

TITLE ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)