2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90220 001 *7,778.75

DOCUMENT # P95000036698

1. Entity Name

HERITAGE PARTNERS GROUP XXI, INC.

- 11253

DO NOT WRITE IN THIS SPACE

Principal Place of Business	*Mailing Address*
450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 US	450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226 US

2. Principal Place of Business	3. Mailing Address
5505 N. Atlantic Ave.	5505 N. Atlantic Ave.
Suite, Apt. #, etc. 115	*Suite, Apt. #, etc.* 115
City & State: Cocoa Beach, FL	City & State: Cocoa Beach, FL
Zip: 32931 Country: USA	Zip: 32931 Country: USA

4. FEI Number 59-3312768 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARTMAN, MICHAEL A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name: Jacqueline McPhillips
Street Address (P.O. Box Number is Not Acceptable): 5505 N. Atlantic Ave., #115
City: Cocoa Beach **FL** Zip Code: 32931

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: Jacqueline M Phillips 1-17-00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST MCPHILLIPS, JACQUELINE 450 CHALLENGER ROAD CAPE CANAVERAL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T McPhillips, Jacqueline 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCPHILLIPS, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V McPhillips, Michael 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HARTMAN, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KERR-HULL COLVARD, ALISON 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Colvard, Alison Kerr-Hull 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Jacqueline M Phillips 1-17-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #