

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00528

1. Entity Name

HERITAGE ARTS CENTER ASSOCIATION, INC.

Principal Place of Business

724 E. MERIDIAN AVE.
P.O. BOX 1131
DADE CITY FL 33525-4698

Mailing Address

724 E. MERIDIAN AVE.
33245 OHIO AVE
RIDGE MANOR FL 33523-9031
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1131
Suite, Apt. #, etc.

City & State

City & State
Dade City, FL

Zip

Country

Zip

Country

33526-1131 Pasco

4. FEI Number

59-2382961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, BARRY
33245 OHIO AVE
RIDGE MANOR FL 33523

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD FRIEDMAN, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	11940 JOSTAMERE LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE NAME	SD KING, MARSHALL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	37612 BERMUDA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE NAME	TD LYNCH, BARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	33245 OHIO AVE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD RAMORY, JUNE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14848 RAMSEY RD.	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE NAME	TD PAT SMALLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BOX 2278	
CITY-ST-ZIP	DADE CITY, FL 33526	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pat Smalley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90124 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)