

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002024

1. Entity Name

THE HERITAGE DISTRICT ASSOCIATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90043 007 ****61.25

Principal Place of Business

6939 N. WICKHAM RD
MELBOURNE FL 32990

Mailing Address

6939 N. WICKHAM RD
MELBOURNE FL 32940-7519

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3312992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DACATOR, III JAY A
6939 N. WICKHAM RD
MELBOURNE FL 32990

7. Name and Address of New Registered Agent

Name *Francis M. Stewart*

Street Address (P.O. Box Number is Not Acceptable)

6939 N. Wickham Rd.

City *Melbourne*

FL

Zip Code *32940*

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 PD
NAME DECATOR, JAY
STREET ADDRESS 1995 BUCKHEAD CT
CITY-ST-ZIP VIERA FL 32940 ☒ Delete.

TITLE STD
NAME BEHARRY, CARL
STREET ADDRESS 1998 BUCKHEAD CT
CITY-ST-ZIP VIERA FL 32940 ☐ Delete

TITLE VPD
NAME GURKE, RONALD
STREET ADDRESS P.O. BOX 560885
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE VD
NAME DICK, MICHAEL
STREET ADDRESS 7380 MURRELL RD, STE 201
CITY-ST-ZIP VIERA FL 32940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *JAMES BOOTH* ☒ Change ☐ Addition
NAME *1995 BUCKHEAD CT.*
STREET ADDRESS *VIERA, FL 32955*
CITY-ST-ZIP

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

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

Daytime Phone #

CR2E037 (9/99)