

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083380

1. Entity Name

HERITAGE RESORTS MANAGEMENT, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90313 046 ***150.00

Principal Place of Business

1200 PERIWINKLE WAY
#2
SANIBEL FL 33957
US

Mailing Address

1200 PERIWINKLE WAY
#2
SANIBEL FL 33957-4704
US

2. Principal Place of Business

3675 LIBERTY SQUARE

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

Zip

33908

Country

USA

Country

4. FEI Number

65-0786110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHERYL TUM SUDEN
3675 LIBERTY SQUARE
FT MYERS FL 33908

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. 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	STILPHEN PETER	
STREET ADDRESS	3675 LIBERTY SQUARE	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONRAD, DEBBIE	
STREET ADDRESS	1200 PERIWINKLE WAY #2	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MOORE, BONNIE	
STREET ADDRESS	1200 PERIWINKLE WAY #2	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	V	<input type="checkbox"/> Delete
NAME	STILPHEN, BILLIE	
STREET ADDRESS	3675 LIBERTY SQUARE	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILPHEN, PETER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Peter Stilphen PETER STILPHEN 4/15/00 941-454-5831