

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000003781

1. Entity Name

HERITAGE ISLES GOLF AND COUNTRY CLUB COMMUNITY A

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90290 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

311 PARK PLACE BLVD.  
SUITE 600  
CLEARWATER FL 33759

311 PARK PLACE BLVD.  
SUITE 600  
CLEARWATER FL 33759-3923

2. Principal Place of Business

3. Mailing Address

7001 Temple Terrace Hwy.  
Suite, Apt. #, etc.

7001 Temple Terrace Hwy.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Temple Terrace, FL

Zip 33637

Country

City & State

Temple Terrace, FL

Zip 33637

Country

4. FEI Number

59-3611940

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

ZSCHAU, JULIUS J.  
JOHNSON, BLAKELY, POPE, BOKOR, PA.  
911 CHESTNUT STREET  
CLEARWATER FL 33756

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LYONS, JOHN G  
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

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

TITLE VPD  
NAME SMITH, STEPHEN B  
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

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

TITLE STD  
NAME LAWSON, MICHAEL S  
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ 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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

727-796-0911

Daytime Phone #

CR2E037 (9/99)