

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 403457

1. Entity Name

HEAVENER REALTY CO.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90010 036 ***150.00

Principal Place of Business

8761 PERIMETER PARK BLVD.
SUITE 105
JACKSONVILLE FL 32216

Mailing Address

8761 PERIMETER PARK BLVD.
SUITE 105
JACKSONVILLE FL 32216

2. Principal Place of Business

2602 UNIVERSITY BLVD., WEST

3. Mailing Address

2602 UNIVERSITY BLVD., WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-1425708

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEAVENER, MAC D JR
8761 PERIMETER PARK BLVD.
SUITE 105
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name HEAVENER, MAC D., JR.

Street Address (P.O. Box Number is Not Acceptable)
5446 RIVER TRAIL RD. N.

City

JACKSONVILLE

FL

Zip Code

32217

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]

MAC D. HEAVENER JR. / PRESIDENT

3/19/01

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, 2001 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 SD
NAME HEAVENER, ANN C
STREET ADDRESS 5446 RIVER TRAIL NORTH
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE PTD
NAME MAC D. HEAVENER JR.
STREET ADDRESS 5446 RIVER TRAIL NORTH
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE D
NAME HEAVENER, MICHAEL D
STREET ADDRESS 5446 RIVER TRAIL RD N
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Delete

TITLE VP
NAME HEAVENER, MICAH D
STREET ADDRESS 3855 ORLANDO CIRCLE WEST
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Delete

TITLE VP
NAME HEAVENER, MATTHEW D
STREET ADDRESS 6061 CARREVERO DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 VPD
NAME HEAVENER, MATTHEW D
STREET ADDRESS 6061 CARREVERO DRIVE, SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☒ Change ☐ Addition

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

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] MAC D. HEAVENER JR.

3/19/01

904-448-6771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)