

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608420

1. Entity Name

HEFFNER ENTERPRISE, INC.

Principal Place of Business

2510 E. I. B. MEM. HWY.  
P.O. BOX 420367  
KISSIMMEE FL 34742-7367

Mailing Address

2510 E. I. B. MEM. HWY.  
P.O. BOX 420367  
KISSIMMEE FL 34742-0367

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THACKER, JO  
100 CHURCH ST.  
P.O. BOX 760  
KISSIMMEE FL 32742-7760

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

City 2510 E Ialo Bronson Hwy  
KISSIMMEE FL 34744

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 GARY HEFFNER  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS HEFFNER, W GARY  
CITY-ST-ZIP 1818 ADMIRAL COURT  
KISSIMMEE FL

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

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS HEFFNER, PATRICIA T  
CITY-ST-ZIP 1818 ADMIRAL COURT  
KISSIMMEE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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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: W Gary Heffner 3-1-00 407-847-2036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90043 026 \*\*\*150.00