

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 652681

1. Entity Name

HERITAGE PAPER COMPANY, INC. OF ORLANDO

Principal Place of Business

Mailing Address

2640 MERCY DR.
P.O. BOX 15098
ORLANDO FL 32808-3804

2640 MERCY DR.
P.O. BOX 15098
ORLANDO FL 32808-3804

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 59-1975681

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

PURSER, ROBERT F., SR.
4011 MORTON ST.
JACKSONVILLE FL 32217

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PURSER, ROBERT F., SR.	
STREET ADDRESS	7551 HOLLYRIDGE CIR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHREE, JOHN A.H., JR.	
STREET ADDRESS	822 N.W. 107TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKNER, JOHN H.	
STREET ADDRESS	4309 BLUE HERON DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURSER, ROBERT F., JR.	
STREET ADDRESS	10137 GOLF CLUB DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLK, SAMUEL	
STREET ADDRESS	1721 GREEN ACRES DR	
CITY-ST-ZIP	VIDALIA GA	
TITLE		<input type="checkbox"/> Delete
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	
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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 #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90133 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Robert F. Purser, Pres. 4-21-00 (904) 737-6603