

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 653269

1. Entity Name  
HERON'S SPORTSWEAR, INC.

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

01-23-2001 90009 049 \*\*\*150.00

Principal Place of Business  
4856 FIRST COAST HWY #4  
AMELIA ISLAND FL 32034  
US

Mailing Address  
4924 FIRST COAST HWY #11  
AMELIA ISLAND FL 32034  
US

(U I 2 U 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-2725604  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
TENNILLE, WILSON R.  
4800 FIRST COAST HIGHWAY S.  
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
4924 FIRST COAST HIGHWAY  
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, 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 |                      |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|----------------------------|----------------------|---------------------------------|---|--|--|
| TITLE                      | PD                   | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | TENNILLE, WILSON R.  |                                 | NAME  |  |  |
| STREET ADDRESS             | 49 MARSH LAKES COURT |                                 | STREET ADDRESS  | 218 MARSH LAKES CT.  |  |
| CITY-ST-ZIP                | AMELIA ISLAND FL     |                                 | CITY-ST-ZIP   |  |  |
| TITLE                      | STD                  | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | TENNILLE, TERRI      |                                 | NAME  |  |  |
| STREET ADDRESS             | 49 MARSH LAKES COURT |                                 | STREET ADDRESS  | 218 MARSH LAKES CT   |  |
| CITY-ST-ZIP                | AMELIA ISLAND FL     |                                 | CITY-ST-ZIP   |  |  |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                      |                                 | NAME  |  |  |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |  |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                      |                                 | NAME  |  |  |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |  |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                      |                                 | NAME  |  |  |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |  |
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| NAME                       |                      |                                 | NAME  |  |  |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |  |
| CITY-ST-ZIP                |                      |                                 | 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: *Wilson R. Tennille*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01 904-321-0588  
Date Daytime Phone #

CR2EN34 (1/01/00)