

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735670

1. Entity Name

HERITAGE COLLEGE, INC.

Principal Place of Business

C/O TABERNACLE BAPTIST CHURCH
6000 WEST COLONIAL DRIVE
ORLANDO FL 32808

Mailing Address

C/O TABERNACLE BAPTIST CHURCH
6000 WEST COLONIAL DRIVE
ORLANDO FL 32808-7517

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

59-1208894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSEN, ROBERT W
205 N ROSALIND AVE
ORLANDO FL 32802

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
MURNANE, TOM
1427 CARRIAGE OAKS CT
OCFEE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
WHIPPLE, CHARLES
1091 SOUTH HIAWASSEE ROAD, #218
ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
WARE, STEVE A.
6206 W. AMELIA STREET
ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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STREET ADDRESS
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☐ 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
Steve A. Ware

Date

1/7/2000

Daytime Phone #

407/295-3086

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90175 043 ****61.25

601808



DO NOT WRITE IN THIS SPACE

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