

# 2001 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

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	STD	<input type="checkbox"/> Delete
NAME	MURNANE, TOM	
STREET ADDRESS	1427 CARRIAGE OAKS CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WHIPPLE, CHARLES	
STREET ADDRESS	1091 SOUTH HIAWASSEE ROAD, #218	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARE, STEVE A.	
STREET ADDRESS	6206 W. AMELIA STREET	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, RUFUS E	
STREET ADDRESS	5414 ABBEYDALE COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
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		
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		

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

Date

Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90013 026 \*\*\*\*61.25

134420



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)