

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002078 AF

DOCUMENT # A00000001598

1. Entity Name

HERITAGE GP 2001, LTD.

FILED

01 FEB -6 PM 12:29

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5505 NORTH ATLANTIC AVENUE, SUITE 115  
COCOA BEACH FL 32931

Mailing Address  
PO BOX 4961  
ORLANDO FL 32801-4961

2. Principal Place of Business

3. Mailing Address

5505 N. ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 115

City & State

City & State

COCOA BEACH, FL

Zip

Country

Zip

Country

32931

USA

4. FEI Number  
59-3674715

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

B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 NORTH ORNAGE AVENUE, SUITE 1100  
ORLANDO FL 32801

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. Capital Contributions as Shown on record.

\$50.00

10. Amount of Capital Contributions in FLORIDA to date.

50.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000094797  
NAME HERITAGE GP 2001, INC.  
STREET ADDRESS 5505 NORTH ATLANTIC AVENUE, SUITE 115  
CITY-ST-ZIP COCOA BEACH FL 32931

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 920, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-23-01 (321)799-4090

CR2E003 (11/00)