

2002 UNIFORM BUSINESS REPORT (UBR)

0009432 AT

DOCUMENT # A18069

1. Entity Name

HERITAGE VILLAS OF PUNTA GORDA, LTD.

FILED

02 APR - 1 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7865 SOUTHSIDE BLVD. SUITE 14 JACKSONVILLE FL 32256	Mailing Address 7865 SOUTHSIDE BLVD. SUITE 14 JACKSONVILLE FL 32256
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-2448458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELIGMAN, KAREN J
7865 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$74,748.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	HOLMES, ROGER B.
NAME	1253 S. SHORE DRIVE
STREET ADDRESS	ORANGE PARK FL
CITY-ST-ZIP	
DOCUMENT #	SELIGMAN, SANFORD L.
NAME	7865 SOUTHSIDE BLVD.
STREET ADDRESS	JACKSONVILLE FL 32256
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	000005195150--7
STREET ADDRESS	-04/05/02--01039--002
CITY-ST-ZIP	***535.00 ***535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 620, Florida Statutes

SANFORD L. SELIGMAN

SIGNATURE: *Sanford L. Seligman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-28-02 904 704-4025
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE