

2000 UNIFORM BUSINESS REPORT (UBR)

0012545
A

DOCUMENT # A93000000425

1. Entity Name

HERITAGE PHOENIX, LTD.

FILED

00 FEB 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

450 CHALLENGER RD
CAPE CANAVERAL FL 32920

Mailing Address

450 CHALLENGER RD
CAPE CANAVERAL FL 32920-4226

2. Principal Place of Business

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

3. Mailing Address

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

4. FEI Number

59-3176355

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, MICHAEL A ESO

450 CHALLENGER RD

CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

Jacqueline McPhillips

Street Address (P.O. Box Number is Not Acceptable)

5505 N. Atlantic Ave., #115

City
Cocoa Beach

FL

Zip
32931

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

Jacqueline McPhillips
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

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

DOCUMENT # P93000075715
NAME HERITAGE PARTNERS GROUP VIII, INC.
STREET ADDRESS 450 CHALLENGER RD
CITY - ST - ZIP CAPE CANAVERAL FL 32920

DOCUMENT # 766122
NAME THE WEST PERRINE COMMUNITY DEV. CORP. INC.
STREET ADDRESS 17623 HOMESTEAD AVENUE
CITY - ST - ZIP MIAMI FL 33157

DOCUMENT #
NAME
STREET ADDRESS
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 5505 N. Atlantic Ave., #115

CITY - ST - ZIP Cocoa Beach, FL 32931

STREET ADDRESS
CITY - ST - ZIP
~~200003152152--7~~
~~-02/29/00--01088--009~~
~~****150.00 ****150.00~~

STREET ADDRESS

CITY - ST - ZIP

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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.

SIGNATURE:

Jacqueline McPhillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)