

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001192

1. Entity Name

HERITAGE HOMES LABELLE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE

DO FEB -7 AM 9:1

Principal Place of Business

450 CHALLENGER RD
CAPE CANAVERAL FL 32920

Mailing Address

P.O. BOX 1441
CAPE CANAVERAL FL 32920-1441



2. Principal Place of Business

5505 N. Atlantic Ave.

3. Mailing Address

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

59-3328554

Applied For

Not Applicable

Zip

32931

Country

USA

Zip

32931

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARTMAN, MICHAEL A

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 Code
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

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.

\$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 # P95000061152
NAME HERITAGE PARTNERS GROUP XXV, INC.
STREET ADDRESS 450 CHALLENGER RD
CITY - ST - ZIP CAPE CANAVERAL FL 32920

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5505 N. Atlantic Ave., #115

CITY - ST - ZIP Cocoa Beach, FL 32931

DOCUMENT #
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)