

2002 UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # A95000001192

1. Entity Name
HERITAGE HOMES LABELLE, LTD.

FILED
02 APR 24 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
5505 N. ATLANTIC AVENUE, SUITE 115
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3328554**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVENUE, SUITE 115
COCOA BEACH FL 32931

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. **\$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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000061152	STREET ADDRESS		
NAME	HERITAGE PARTNERS GROUP XXV, INC.	CITY-ST-ZIP		
STREET ADDRESS	5505 N. ATLANTIC AVENUE, SUITE 115			
CITY-ST-ZIP	COCOA BEACH FL 32931			
DOCUMENT #		STREET ADDRESS		
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*******150.00 *****150.00**

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: **4/9/02** **351/994-1090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)