

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002271 AT

DOCUMENT # **A96000001006**

1. Entity Name

**HERON COVE, LTD.**

**FILED**

01 JUL 16 AM 8:47

Principal Place of Business

Mailing Address

~~2017 A OSPREY LANE~~  
LUTZ FL 33549

~~2017 A OSPREY LANE~~  
LUTZ FL 33549

P.O. Box 97

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

1704 Willowater Ln

P.O. Box 47

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

City & State

LUTZ, FL

LUTZ, FL

4. FEI Number

59-3383663

Applied For

Not Applicable

Zip

Country

Zip

Country

33549 USA

USA

33549 USA

USA

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

**BRUDNY, MICHAEL J**  
4830 W. KENNEDY, #985  
TAMPA FL 33609

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.

\$570,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # **V16121**  
NAME **VAN DORSTEN-KING CORPORATION, INC.**  
STREET ADDRESS ~~2017 A OSPREY LANE~~ P.O. Box 97  
CITY-ST-ZIP **LUTZ FL 33549**

STREET ADDRESS

CITY-ST-ZIP

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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

Heron Cove Ltel  
by: Van Dorsten - King Corp, GEN PTR.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/13/01

873 -  
949-0491

STAPLE CHECK HERE

CR2E003 (5/01)