2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000070

1. Entity Name

HERITAGE FINANCIAL, LTD. OF JACKSONVILLE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business	Mailing Address
~~9799 OLD ST. AUGUSTINE ROAD~~ JACKSONVILLE FL 32257	~~9799 OLD ST. AUGUSTINE ROAD~~ JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3001 Hartley Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville	City & State: FLa
Zip: 32257 Country: US	Zip: 2 Country:

4. FEI Number 59-3358580 ☐ Applied For ☐ Not Applicable

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
NORTHSIDE FUNDING, INC 9799 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32257	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 (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$0.00		

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 #	P96000026993	STREET ADDRESS	3001 Hartley Rd
NAME	NORTHSIDE FUNDING, INC.	CITY-ST-ZIP	Jacksonville, FLa 32257
STREET ADDRESS	9799 OLD ST. AUGUSTINE ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32257		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700003370167--6
NAME			-08/23/00--01101--022
STREET ADDRESS		CITY-ST-ZIP	****541.25 ****541.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (5/00)

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 SIGNATURE REQUIRED Pres 9042620491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #