

# 2000 ~~UNIFORM~~ BUSINESS REPORT (UBR)

DOCUMENT # **A98000000851**

1. Entity Name

**BRISTOL PLACE, LTD.**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:44

Principal Place of Business

**450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920**

Mailing Address

**450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920-4226**

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**

Zip

**32931**

Country

**USA**

Zip

**32931**

Country

**USA**

4. FEI Number

**59-3537049**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HARTMAN, MICHAEL A ESQ**

**450 CHALLENGER ROAD**

**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

*Jacqueline McPhillips*  
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 # **P98000030954**  
NAME **HERITAGE BRISTOL, INC.**  
STREET ADDRESS **450 CHALLENGER ROAD**  
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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**600003137966--6**  
**02/17/00--01005--001**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

**\*\*\*300.00 \*\*\*150.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1-14-00**

CR2E003 (9/99)