

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000010

1. Entity Name

HERITAGE PLAZA LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9261 LAZY LANE
TAMPA FL 33614

Mailing Address

9261 LAZY LANE
TAMPA FL 33614-2305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3609 Madaca Ln.

Suite, Apt. #, etc.

3609 Madaca Lane

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3550009

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRZCINSKI, RICHARD L
9261 LAZY LANE
TAMPA FL 33614

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

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:

\$3,327,237.00

10. Amount of Capital Contributions
in FLORIDA to date:

3,327,237.00

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 # P98000107066
NAME PORT CHARLOTTE HOLDINGS, INC.
STREET ADDRESS 9261 LAZY LANE
CITY - ST - ZIP TAMPA FL 33614

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3609 Madaca Lane

CITY - ST - ZIP

Tampa FL 33618

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

300003292873--8

CITY - ST - ZIP

-06/15/00-01153-006

*****526.25 *****526.25

STREET ADDRESS

CITY - ST - ZIP

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 #

4/28/00 813-933-0629

CR2E003 (9/99)