

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM****Secretary of State****DOCUMENT # A99000000010**1. Entity Name
HERITAGE PLAZA LTD.

Principal Place of Business	Mailing Address
3609 MADACA LANE	3609 MADACA LANE
TAMPA FL	TAMPA FL
33618	33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3550009

Applied For

Not Applicable

Zip

Country

Zip

Country

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**TRZCINSKI RICHARD L
9261 LAZY LANETAMPA FL
33614 US

Name

TRZCINSKI RICHARD L

Street Address (P.O. Box Number is Not Acceptable)
3609 MADACA LANECity
TAMPA**FL**Zip Code
33618

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 **01/15/2001**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PORT CHARLOTTE HOLDINGS, INC. 3609 MADACA LANE TAMPA FL 33618	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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: Richard L. Trzcinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RA 01/15/2001

Date

Daytime Phone #

CR2E003 (11/00)