

2002 UNIFORM BUSINESS REPORT (UBR)

0019790 AB

DOCUMENT # B93000000072

1. Entity Name
HFG LAMPLIGHTER LTD.

FILED
02 MAR 26 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **120 W. LEXINGTON AVE. ELKHART IN 46516**

Mailing Address: **120 W. LEXINGTON AVE. ELKHART IN 46516**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number: **35-1866783**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHOUSE, KEN
5200 N.E. 39TH AVENUE
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name: **Susan Poole**

Street Address (P.O. Box Number is Not Acceptable): **10201 W. Beaver St.**

City: **Jacksonville, FL** Zip Code: **32220**

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: *Susan Poole* DATE: **2-18-02**

9. Capital Contributions as Shown on record: **\$100,000.00**

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

DOCUMENT #	F93000000928
NAME	HERITAGE FINANCIAL GROUP, INC.
STREET ADDRESS	120 W. LEXINGTON AVE.
CITY-ST-ZIP	ELKHART IN 46516
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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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: *Brian J. Smith* **SIGNATURE REQUIRED**

Brian J. Smith - Co CEO
of Heritage Financial Group Inc - GPR

DATE: **2-18-02**

Daytime Phone #: **574-522-8000**

STAPLE CHECK HERE

CR2E003 (9/01)