

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-28-2001 90037 004 ***150.00

DOCUMENT # F52496

1. Entity Name

ROYAL HERITAGE COMPANY INC.

Principal Place of Business

Mailing Address

733 W COLONIAL DR (32804)
P.O. BOX 6037
ORLANDO FL 32804-7343

733 W COLONIAL DR (32804)
P.O. BOX 6037
ORLANDO FL 32804-7343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2253630

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

INTERNATIONAL MANAGEMENT OF CENTRAL FLORID
733 W. COLONIAL DR.
ORLANDO FL 32804

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 registering agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	XXXXXXXXXX	
STREET ADDRESS	733 W COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	N.A. Jamarly	
STREET ADDRESS	733w Colonial Drive	
CITY-ST-ZIP	ORLANDO FLA 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	RON Finger	
STREET ADDRESS	P.O. Box 6-37	
CITY-ST-ZIP	ORLANDO FLA 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *RON Finger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON Finger Dirct 1/15/2001

Date

Daytime Phone #

407-280-0637

CR2E034 (10/00)