

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90008 035 \*\*\*550.00

**DOCUMENT # J19724**

1. Entity Name

**HERITAGE APPRAISAL GROUP, INC.**

Principal Place of Business

Mailing Address

~~3120 SOUTHGATE CIRCLE~~ **324 Seaboard Ave.** ~~3120 SOUTHGATE CIRCLE~~ **324 Seaboard Ave.**  
~~SARASOTA FL 34239~~ **VENICE, FL 34292** ~~SARASOTA FL 34239~~  
**US** **US**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**324 Seaboard Ave S.** **324 Seaboard Ave S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**VENICE FL**

**VENICE FL**

4. FEI Number

**59-2715591**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34292**

**USA**

**34292**

**USA**

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

**WILLETT, REMLE C.**

~~3120 SOUTHGATE CIRCLE~~

**SARASOTA FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

**324 Seaboard Ave S.**

City

**VENICE FL**

FL

Zip Code

**34292**

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

*Remle C. Willett, Treas*

**7-13-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **STV WILLETT, REMLE C.**  
STREET ADDRESS **3120 SOUTHGATE CIRCLE**  
CITY-ST-ZIP **SARASOTA FL**

☒ Change ☐ Addition  
NAME **324 Seaboard Ave S.**  
STREET ADDRESS **VENICE, FL 34292**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P WILLETT, MARK R**  
STREET ADDRESS **3120 SOUTHGATE CIRCLE**  
CITY-ST-ZIP **SARASOTA FL**

☒ Change ☐ Addition  
NAME **5357 PALOS VERDES DR**  
STREET ADDRESS **SARASOTA FL 34231**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

☐ Change ☐ 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: *Remle C. Willett, TREAS* **WILLETT, Treas** **7-13-01** **941-365-1776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)