CAPITAL CONNECTION 850 222 1222 08/30 '00 10:45 NO.737 01/02

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 SEP -6 PM 12:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J03570

1. Entity Name
Heeman Hale + Associates, Inc.

Principal Place of Business
1708 Queen Ave.
Sebring, Fl. 33875

Mailing Address
SAME

2. Principal Place of Business
S/A
Suite, Apt. #, etc.

3. Mailing Address
S/A
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sebring, FL.

City & State

Zip
33875

Country
Highlands

Zip

Country

4. FEI Number
59-2865299

Applied For
Not Applicab

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

6. Name and Address of Current Registered Agent

Beverly Brando Gillilan
1708 Queen Ave.
Sebring, Fl. 33875

7. Name and Address of New Registered Agent

Name
SAME

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. PCEO OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gillian, Beverly Brando ☐ Delete 1708 Queen Ave. Sebring, Fl. 33875	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman ☐ Delete Nagan, Ralph J. 2 Pine Brook D. White Plains, NY	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ☐ Change ☒ Additio Rachel Hale 1302 Talbot Circle Avon Park, Fl. 33825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ☒ Delete Wooderuff, Ron 9311 S.E. Foster Rd. #334 portland, Or.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ☒ Delete miller, Richard B. 4813 Roycar Rd. Edina, MN.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio 100003390491--2 -09/12700--01026--015 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio

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: _____ Pres 9/1/00 849-722-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Beverly Brando Gillilan/Pres

KE