

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J95601**

1. Entity Name

HERSCHO PROPERTIES, INC.**FILED**
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90011 019 ***150.00

Principal Place of Business

Mailing Address

264 SNOWFIELDS RUN
HEATHROW FL 32746**264 SNOWFIELDS RUN**
HEATHROW FL 32806-5208
US

2. Principal Place of Business

3. Mailing Address

2441 Stoneview Road
Orlando, Florida, 32806**2441 Stoneview Road**
Orlando, Florida, 32806

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL., 32806

Zip

Country

City & State

Orlando, FL., 32806

Zip

Country

4. FEI Number

59-2849896

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HERNDON, A B JR
264 SNOWFIELDS RUN
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name

A B Herndon, Jr

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

2441 Stoneview Road

City

Orlando, FL.,**FL**

Zip Code

32806

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 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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	BROWN, JENNIFER H	
STREET ADDRESS	336 STONECUTTERS COVE	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HERNDON, A B III	
STREET ADDRESS	LEXINGTON APT 1107, 510 OLD HICKORY BLVD	
CITY-ST-ZIP	NASHVILLE TN 37209	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A B Herndon, Jr	
STREET ADDRESS	2441 Stoneview Rd	
CITY-ST-ZIP	Orlando, Fl., 32806	
TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart, Jeffrey	
STREET ADDRESS	#1 Drennen Road	
CITY-ST-ZIP	Orlando, FL., 32806	
TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Jennifer H	
STREET ADDRESS	336 Stonecutters Cove	
CITY-ST-ZIP	Stockbridge, GA., 30281	
TITLE	VP/S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, A B III	
STREET ADDRESS	740 N Wickshire Way	
CITY-ST-ZIP	Brentwood, TN., 37027	
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:

A B Herndon, Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)