

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40825

1. Entity Name  
**HERON HOUSE PROPERTIES INC.**

Principal Place of Business  
**1268 BAYSHORE BLVD.  
DUNEDIN FL 34698-4213**

Mailing Address  
**19025 BAGHILL LANE  
HUNTINGTON BEACH CA 92648**

2. Principal Place of Business  
**510 1/2 Frances Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**19025 Bayhill Lane**  
Suite, Apt. #, etc.

City & State  
**Dunedin, FL**

City & State  
**Huntington Beach, CA**

4. FEI Number **59-2982465**

Applied For  
Not Applicable

Zip  
**34698**

Country  
**USA**

Zip  
**92648-6121**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**TOR, HAROLD  
1268 BAYSHORE BLVD  
DUNEDIN FL FL 34698**

## 7. Name and Address of New Registered Agent

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]* **HAROLD TOR  
PRESIDENT**

**01/09/01**  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TOR, HAROLD  
1268 BAYSHORE BLVD.  
DUNEDIN FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HOFFNER, DONNA K.  
1268 BAYSHORE BLVD.  
DUNEDIN FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *[Signature]* **HAROLD TOR President** **01/09/01** **714-536-9112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

01-18-2001 90026 035 \*\*\*150.00

AUUU641b



DO NOT WRITE IN THIS SPACE

0832148

CR2E034 (10/00)