

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90185 049 ***150.00

DOCUMENT # **M88446** ✓

1. Entity Name

HERITAGE LAND GROUP, INC.

Principal Place of Business

Mailing Address

**3030 Hartley Rd
Suite 100
Jacksonville, Fl 32257**

**3030 Hartley Rd
Suite 100
Jacksonville, Fl 32257**

2. Principal Place of Business

3. Mailing Address

**3030 Hartley Road
Suite, Apt. #, etc.
Suite 100**

**3030 Hartley Road
Suite, Apt. #, etc.
Suite 100**

City & State

Jacksonville, Fl

City & State

Jacksonville, Fl

4. FEI Number

59-0458709

Applied For

Not Applicable

Zip
32257

Country
Duval

Zip
32257

Country
Duval

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

6. Name and Address of Current Registered Agent

**Hinson, Donald P.
3030 Hartley Road
Suite 100
Jacksonville, Fl 32257**

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, 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, 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 **DT** ☐ Delete
NAME **Hutson, David W.**
STREET ADDRESS **3030 Hartley Rd Suite 100**
CITY-ST-ZIP **Jacksonville, Fl 32257**

TITLE **DP** ☐ Delete
NAME **Hinson, Donald P.**
STREET ADDRESS **3030 Hartley Rd Suite 100**
CITY-ST-ZIP **Jacksonville, Fl 32257**

TITLE **S-** ☐ Delete
NAME **Cox, Elinore C.**
STREET ADDRESS **3030 Hartley Rd Suite 100**
CITY-ST-ZIP **Jacksonville, Fl 32257**

TITLE **VPD** ☐ Delete
NAME **Hutson, Nancy**
STREET ADDRESS **3030 Hartley Rd Suite 100**
CITY-ST-ZIP **Jacksonville, Fl 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ 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:

Elinore C. Cox

Elinore C. Cox

1/22/01

904/262-7718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)