

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90264 044 ***150.00

DOCUMENT # M88446

1. Entity Name
HERITAGE LAND GROUP, INC.

Principal Place of Business

3030 HARTLEY RD
STE 100
JACKSONVILLE FL 32257
US

Mailing Address

3030 HARTLEY RD
STE 100
JACKSONVILLE FL 32257
US

2. Principal Place of Business

3020 Hartley Rd

Suite, Apt. #, etc.
Suite 100

City & State
Jacksonville, Fl

Zip Country
32257 Duval

3. Mailing Address

3020 Hartley Rd

Suite, Apt. #, etc.
Suite 100

City & State
Jacksonville, Fl

Zip Country
32257 Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0458709**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HINSON, DONALD P
3030 HARTLEY RD
STE 100
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
Hinson, Donald P
 Street Address (P.O. Box Number is Not Acceptable)
3020 Hartley Rd
Suite 100
 City **Jacksonville** **FL** Zip Code **32257**

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 **Donald P. Hinson**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUTSON, DAVID W. 3030 HARTLEY RD STE 100 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HINSON, DONALD P. 3030 HARTLEY RD STE 100 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, ELINORE C 3030 HARTLEY RD STE 100 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUTSON, NANCY 3030 HARTLEY RD STE 100 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Hutson, David W 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hinson, Donald P 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cox, Elinore C. 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hutson, Nancy 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **Donald P. Hinson** **2/27/02** **904/262-7718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)