

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91020 016 *****61.25

DOCUMENT # N00000003280

1. Entity Name

THE MICHAEL G. HEISER FOUNDATION FOR THE REMEMBRANCE OF VICTIMS OF TERRORISM, INC.



Principal Place of Business

10 LIVE OAK LANE
PALM COAST FL 32137

Mailing Address

10 LIVE OAK LANE
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3670526**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD
SUITE 230
JACKSONVILLE FL 32256

Name

JOE MURTAGH

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

14 WAVECREST PLACE

City

PALM COAST

FL

Zip Code

32167

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joe Murtagh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HEISER, GARY**
STREET ADDRESS **10 LIVE OAK LANE**
CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE **D** ☐ Delete
NAME **HEISER, FRAN**
STREET ADDRESS **10 LIVE OAK LANE**
CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE **D** ☐ Delete
NAME **SHERWOOD, GARY L.**
STREET ADDRESS **10238 JAMES RIVER ROAD**
CITY-ST-ZIP **SHIPMAN VA 22974**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SHIPMAN, VA 22974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **KEITH, LINDA F.**
CITY-ST-ZIP **10 BEACH STREET**
ST AUGUSTINE, FL 32080

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **BAKER, PAUL**
CITY-ST-ZIP **6112 OXBOW BEND LANE**
PORT ORANGE, FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Joe Murtagh

4/2/03

386-445-2254

CR2E037 (10/02)