

FILED
Jul 13, 2001 8:00 am
Secretary of State

05-16-2001 90412 013 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006284

1. Entity Name

HEARTLAND ESTATE PLANNING COUNCIL, INC.

Principal Place of Business

230 EAST TILLMAN AVENUE
 LAKE WALES FL 33853

Mailing Address

230 EAST TILLMAN AVENUE
 LAKE WALES FL 33853

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HURST, MICHELLE G
 230 EAST TILLMAN AVENUE
 LAKE WALES FL 33853

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D Board Member** ☐ Delete
 NAME **BREWER, PATRICIA**
 STREET ADDRESS **2324 LAKE EASY ROAD**
 CITY-ST-ZIP **BABSON PARK FL 33827**

TITLE **D Board Member / Treasurer** ☐ Delete
 NAME **HURST, MICHELLE G**
 STREET ADDRESS **335 NORTH SCENIC HIGHWAY**
 CITY-ST-ZIP **BABSON PARK FL 33827**

TITLE **D Board Member** ☐ Delete
 NAME **LIVINGSTON, JAMES**
 STREET ADDRESS **445 SOUTH COMMERCE STREET**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** ☒ Delete
 NAME **PELLA, PATRICIA**
 STREET ADDRESS **136 SOUTH RIDGEWOOD DRIVE**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D Board Member** ☒ Delete
 NAME **STRATTON, BRUCE**
 STREET ADDRESS **109 EAST INTERLAKE BLVD.**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D Secretary** ☐ Delete
 NAME **TAYLOR, PAMELA D**
 STREET ADDRESS **227 NORTH RIDGEWOOD DRIVE**
 CITY-ST-ZIP **SEBRING FL 33870**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
 NAME **James Weaver**
 STREET ADDRESS **P.O. Box 466**
 CITY-ST-ZIP **lake Wales, Fl. 33859-0466**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Melissa Weaver**
 STREET ADDRESS **P.O. Box 3400**
 CITY-ST-ZIP **lake Wales, Fl. 33859-3400**

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

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 like empowered.

SIGNATURE: **Michelle Hurst**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

863-676-7981

Daytime Phone #

CR2E037 (10/00)

Attachment
B# N00000006284
7/6/327
June 1, 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

HEARTLAND ESTATE PLANNING COUNCIL, INC.
P.O BOX 990
LAKE WALES, FL 33859-0090

Subject: HEARTLAND ESTATE PLANNING COUNCIL, INC.

Reference: N00000006284
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns

ANNUAL REPORTS SECTION