

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90001 049 \*\*\*\*61.25

**DOCUMENT # N00000006284**

1. Entity Name

**HEARTLAND ESTATE PLANNING COUNCIL, INC.**

Principal Place of Business

Mailing Address

**230 EAST TILLMAN AVENUE  
LAKE WALES FL 33853****P.O. BOX 990  
LAKE WALES FL 33859-0990**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3727749**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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 **DBM** ☐ Delete  
 NAME **BREWER, PATRICIA** *Board Member*  
 STREET ADDRESS **2324 LAKE EASY ROAD**  
 CITY-ST-ZIP **BARBON PARK FL 33827** *[D]*

TITLE **DBM** ☐ Delete  
 NAME **HURST, MICHELLE G**  
 STREET ADDRESS **335 NORTH SCENIC HIGHWAY**  
 CITY-ST-ZIP **BARBON PARK FL 33827**

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

TITLE **P** ☐ Delete  
 NAME **WEAVER, JAMES**  
 STREET ADDRESS **P.O. BOX 466**  
 CITY-ST-ZIP **LAKE WALES FL 33859-0466** *[D]*

TITLE **VP** ☐ Delete  
 NAME **WEAVER, MELISSA**  
 STREET ADDRESS **P.O. BOX 3400**  
 CITY-ST-ZIP **LAKE WALES FL 33859-3400**

TITLE **DS** ☒ Delete  
 NAME **TAYLOR, PAMELA D**  
 STREET ADDRESS **227 NORTH RIDGWOOD DRIVE**  
 CITY-ST-ZIP **SEBRING FL 33870**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Board Member* ☐ Change ☒ Addition  
 NAME *Jennifer LaCorte*  
 STREET ADDRESS *361 E. Central Avenue*  
 CITY-ST-ZIP *Winter Haven, Fla. 33880* *[D]*

TITLE *Treasurer* ☐ Change ☐ Addition

TITLE *Vice President* ☒ Change ☐ Addition

TITLE *Board Member* ☒ Change ☐ Addition  
 NAME *←*

TITLE *President* ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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 G. Hurst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*11/14/02*

Date

*863-636-7981*

Daytime Phone #

CR2E037 (9/01)

*Board Member = Director*