

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90115 012 ****61.25

DOCUMENT # N32241

1. Entity Name

HERITAGE SQUARE ONE OFFICE CONDOMINIUM ASSOCIATI

Principal Place of Business

501 E. OAK STREET, SUITE F
KISSIMMEE FL 34744

Mailing Address

501 E. OAK STREET, SUITE F
KISSIMMEE FL 34744

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

59-3202707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, AUSTIN D
501 E. OAK STREET, SUITE F
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

NORMAN, AUSTIN D

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

1778 LISA LN

KISSIMMEE, FL

City

KISSIMMEE

FL

Zip Code

34744

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

Justin Norman

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

(NOTE: Registered Agent signature required when reinstating)

4-14-2001

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 PD ☐ Delete
NAME NORMAN, AUSTIN D
STREET ADDRESS 501 E. OAK STREET, SUITE F
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ Delete
NAME CONLEY, DAVID J
STREET ADDRESS 501 E. OAK STREET, SUITE F
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE STD ☐ Delete
NAME NORMAN, DEBORAH D
STREET ADDRESS 501 E. OAK STREET, SUITE F
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1778 LISA LN
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE ☐ Change ☐ Addition
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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:

Justin Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2001

Date

407-846-4611

Daytime Phone #

CR2E037 (10/00)