

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90043 007 \*\*\*\*61.25

**DOCUMENT # N95000002024**

1. Entity Name

**THE HERITAGE DISTRICT ASSOCIATION, INC.**

Principal Place of Business

6939 N. WICKHAM RD  
 MELBOURNE FL 32990

Mailing Address

6939 N. WICKHAM RD  
 MELBOURNE FL 32940-7519

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

**59-3312992**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DACATOR, III JAY A**  
**6939 N. WICKHAM RD**  
**MELBOURNE FL 32990**

7. Name and Address of New Registered Agent

Name *Francis M. Stewart*

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

*6939 N. Wickham Rd.*

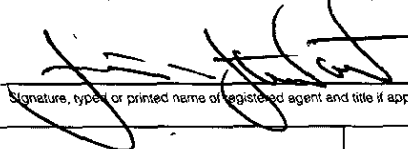
City *Melbourne*

**FL**

Zip Code *32940*

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

*3-7-00*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
 NAME **DECATOR, JAY**  Delete.  
 STREET ADDRESS **1995 BUCKHEAD CT**  
 CITY-ST-ZIP **VIERA FL 32940**

TITLE **JAMES BOOTH**  Change  Addition  
 NAME **1995 BUCKHEAD CT.**  
 STREET ADDRESS **VIERA, FL 32955**  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **BEHARRY, CARL**  
 STREET ADDRESS **1998 BUCKHEAD CT**  
 CITY-ST-ZIP **VIERA FL 32940**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **GURKE, RONALD**  
 STREET ADDRESS **P.O. BOX 560885**  
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **DICK, MICHAEL**  
 STREET ADDRESS **7380 MURRELL RD, STE 201**  
 CITY-ST-ZIP **VIERA FL 32940**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/14/00*

Date

Daytime Phone #

CR2E037 (9/99)