

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N96000000747

1. Entity Name

Heritage Place Property Owners Assn., Inc.

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90034 018 ****61.25

Principal Place of Business

5695 Beggs Road
Suite B-100
Orlando, FL 32810

Mailing Address

5695 Beggs Road
Suite B-100
Orlando, FL 32810

2. Principal Place of Business

5695 Beggs Road

3. Mailing Address

5695 Beggs Road

Suite, Apt. #, etc.

Suite B-100

Suite, Apt. #, etc.

Suite B-100

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32810

Country

USA

Zip

32810

Country

USA

4. FEI Number

59-3382798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00056233

6. Name and Address of Current Registered Agent

Harkley R. Thornton, Esq.
5695 Beggs Road
Suite B-100
Orlando, FL 32810

7. Name and Address of New Registered Agent

Name

Theresa D. Sutherland

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

5695 Beggs Road

Suite B-100

City

Orlando

FL

Zip Code

32810

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

Theresa D. Sutherland

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Harry Baldwin
12736 Gettysburg Circle
Orlando, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
Joseph P. Shorten, Jr.
3113 Antietam Creek Court
Orlando, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
Stephanie Charleboix
12757 Gettysburg Circle
Orlando, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)