

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90364 050 \*\*\*\*61.25

**DOCUMENT # N96000006251**

1. Entity Name

**FLORIDA HEARTLAND HERITAGE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1339 LAKE CLAY DR  
 LAKE PLACID FL 33852  
 US

1339 LAKE CLAY DR.  
 LAKE PLACID FL 33852-6964  
 US

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

**65-0778691**

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

**STEIN, TERESA**  
**1339 LAKE CLAY DR.**  
**LAKE PLACID FL 33852**

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:**  
**FEES ARE \$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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **HOLMES, RONALD N.**  
 CITY-ST-ZIP **37 WINDWARD DR.**  
**LAKE PLACID FL 33852**

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

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **PORTER, HARRIET**  
 CITY-ST-ZIP **159 DEANNA DR.**  
**LAKE PLACID FL 33852**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **CORDER, DEBBIE**  
 CITY-ST-ZIP **1700 LAKE CLAY DR**  
**LAKE PLACID FL 33852**

TITLE ☒ Change ☐ Addition  
 NAME **ST**  
 STREET ADDRESS **CORDER, DEBBIE**  
 CITY-ST-ZIP **1700 LAKE CLAY DR**  
**LAKE PLACID FL 33852**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **SANDERS, IRELAND E.**  
 CITY-ST-ZIP **113 LAKE JUNE RD.**  
**LAKE PLACID FL 33852**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RUSSELL, MELISSA**  
 CITY-ST-ZIP **221 CATFISH CREEK RD.**  
**LAKE PLACID FL 33852**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **GARDLYN PYPERS, CAROLYN**  
 CITY-ST-ZIP **1812 LAKE CLAY DR.**  
**LAKE PLACID FL 33852**

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:

**RONALD N HOLMES** 4-30-00 863 655 1841  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)