

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90105 022 ****70.00

DOCUMENT # N96000006251

1. Entity Name

FLORIDA HEARTLAND HERITAGE FOUNDATION, INC.

Principal Place of Business

1339 LAKE CLAY DR
 LAKE PLACID FL 33852
 US

Mailing Address

1339 LAKE CLAY DR.
 LAKE PLACID FL 33852
 US

CHANGE
 To

A0060729

2. Principal Place of Business

950 COUNTY ROAD 29
 Suite, Apt. #, etc.

3. Mailing Address

950 COUNTY ROAD 29
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE PLACID, FLA.

City & State

LAKE PLACID, FL.

4. FEI Number

65-0778691

Applied For

Not Applicable

Zip

33852

Country

U.S.

Zip

33852

Country

U.S.

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Teresa Stein TERESA STEIN (REGISTERED AGENT)
 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 NAME STREET ADDRESS CITY - ST - ZIP	PD HOLMES, RONALD N. 37 WINDWARD DR. LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CORDER, DEBBIE 1700 LAKE CLAY DR LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, MELISSA 221 CATFISH CREEK RD. LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHYPPERS, CAROLYN 1812 LAKE CLAY DR LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST Mundhenk, David 351 Catfish Creek Drive Lake Placid, FL 33852		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Gentry, Doris 650 E. Cornell Avon Park, FL 33825		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ronald N. Holmes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 863-655-1841
 Date Daytime Phone #

CR2E037 (10/00)