

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006251

1. Entity Name

FLORIDA HEARTLAND HERITAGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

950 COUNTY ROAD 29
LAKE PLACID FL 33852
US

950 COUNTY ROAD 29
LAKE PLACID FL 33852
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

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

Name

Street Address (No 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOLMES, RONALD N.
STREET ADDRESS 37 WINDWARD DR.
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

TITLE PD
NAME MUNDHENK, DAVID
STREET ADDRESS 351 CATFISH CREEK DRIVE
CITY-ST-ZIP LAKE PLACID FL 33852 ☒ Change ☐ Addition

TITLE ST
NAME MUNDHENK, DAVID
STREET ADDRESS 351 CATFISH CREEK DRIVE
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

TITLE
NAME HOLMES, RONALD N.
STREET ADDRESS 37 WINDWARD DR.
CITY-ST-ZIP LAKE PLACID FL 33852 ☒ Change ☐ Addition

TITLE D
NAME GENTRY, DORIS
STREET ADDRESS 650 E CORNELL
CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete

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

TITLE D
NAME PHYPERS, CAROLYN
STREET ADDRESS 1812 LAKE CLAY DR
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

DAVID MUNDHENK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April May 22, 02

Date

863-699-0964

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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