

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # N96000006327

1. Entity Name

HERITAGE CREST HOMEOWNERS ASSOCIATION, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

05-18-2000 90284 024 ****61.25

Principal Place of Business

115 S DALE MABRY HWY
STE 300
TAMPA FL 33609

Mailing Address

115 S DALE MABRY HWY
STE 300
TAMPA FL 33609-2845

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

65-0729767

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUG, DAVID
115 S DALE MABRY HWY
STE 300
TAMPA FL 33609

received 6/7/00

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

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 | CBP | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, ERNEST C | |
| STREET ADDRESS | 1508 HERITAGE DRIVE | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | YACHIM, LINDA | |
| STREET ADDRESS | 1514 HERITAGE DR. | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WRIGHT, JAMES R | |
| STREET ADDRESS | 2111 HERITAGE CREST DR | |
| CITY-ST-ZIP | TAMPA FL 33594 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WOODFORD, DONALD | |
| STREET ADDRESS | 2214 HERITAGE CREST DR | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BASSETT, CLIFFORD S | |
| STREET ADDRESS | 1602 HERITAGE DR | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michele Miles | |
| STREET ADDRESS | 906 Selten Ct. | |
| CITY-ST-ZIP | Seffner, FL 33584 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Clara Hinton | |
| STREET ADDRESS | 12416 Franklin Rd. | |
| CITY-ST-ZIP | Thonotosassa, FL 33592 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robin Dunnham | |
| STREET ADDRESS | 1507 Heritage Dr. | |
| CITY-ST-ZIP | Valrico, FL 33594 | |

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

Date

Daytime Phone #

CR2E037 (9/99)