

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90615 021 \*\*\*\*70.00

**DOCUMENT # N98000001015**

1. Entity Name

**HERITAGE FOR BLACK CHILDREN, INC.**

Principal Place of Business

**4823 SILVER STAR ROAD  
 SUITE 110  
 ORLANDO FL 32808**

Mailing Address

**4823 SILVER STAR ROAD  
 SUITE 110  
 ORLANDO FL 32808**

**C0020780**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3447088**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POOLE, GERTRUDE S  
 4908 CENTER LANE  
 ORLANDO FL 32808**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**BC  
 POOLE, WILLIE C  
 4908 CENTER LANE  
 ORLANDO FL 32808**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**BMD  
 ALTON SCOTT  
 XXXXXXXXXXXXXXXX  
 Alton Scott  
 7825 Briarlyn Court Orlando, 32819**

☐ Change ☒ Addition

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**T  
 MITCHELL, PATRICIA F  
 1248 VALLEY CREEK RUN  
 WINTER PARK FL 37792**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**Joan Hebert**

☒ Change ☐ Addition

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**BMD  
 FATILA, TAMRA  
 543 W NEW ENGLAND STE A  
 WINTER PARK FL 32789**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**Board Member/Director  
 Pearl Daniels  
 2448 Bay Avenue  
 Florida, FL. 32771**

☐ Change ☒ Addition

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**BMD  
 HEBIST, JOAN  
 2457 COACH HOUSE BLVD #3  
 ORLANDO FL 32812**

☐ 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  
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☐ 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:

*Gertrude S. Poole*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/01 407-292-7722**

CR2E037 (10/00)