

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001979

1. Entity Name

HERITAGE OAK PARK COMMUNITY ASSOCIATION, INC.

Principal Place of Business

26212 MADRAS COURT
CHARLOTTE HARBOR FL 33983

Mailing Address

26212 MADRAS COURT
CHARLOTTE HARBOR FL 33983-2615

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

200 SOUTH ORANGE AVE.

Suite, Apt. #, etc.

C/O WILLIAM M. SEIDER

City & State

City & State
SARASOTA, FL

Zip

Country

Zip
34236

Country
USA

4. FEI Number

65-0915835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, PHILIP J
26212 MADRAS COURT
CHARLOTTE HARBOR FL 33983

7. Name and Address of New Registered Agent

Name
SEIDER, WILLIAM M.

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

200 SOUTH ORANGE AVE.

City
SARASOTA

FL

Zip Code
34236

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

William M. Seider

William M. Seider

4/25/00

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 PALMER, PHILIP J 26212 MADRAS COURT CHARLOTTE HARBOR FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER, KATHLEEN 26212 MADRAS COURT CHARLOTTE HARBOR FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRIS, ROBERT A III 26212 MADRAS COURT CHARLOTTE HARBOR FL 33983	<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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

William M. Seider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90213 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2ED37 (9/99)