

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003617**

1. Entity Name

HEART BAR ONE FOUNDATION, INC.

Principal Place of Business

**2730 NEPTUNE ROAD
KISSIMMEE FL 34744**

Mailing Address

**2730 NEPTUNE ROAD
KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**PARTIN, MICHAEL
2730 NEPTUNE ROAD
KISSIMMEE FL 34744**

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	D	<input type="checkbox"/> Delete
NAME	PARTIN, MICHAEL	
STREET ADDRESS	2730 NEPTUNE ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	

TITLE	D	<input type="checkbox"/> Delete
NAME	PARTIN, JANET	
STREET ADDRESS	2730 NEPTUNE ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	

TITLE	D	<input type="checkbox"/> Delete
NAME	PARTIN, CARLTON LEE	
STREET ADDRESS	2730 NEPTUNE ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	

TITLE	D	<input type="checkbox"/> Delete
NAME	PARTIN, STEPHEN CLYNE	
STREET ADDRESS	2046 HENRY PARTIN ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAUGHREY, MARCIE	
STREET ADDRESS	1510 HENRY PARTIN ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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		

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:

Michael Partin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*Michael Partin**4/18/01*
Date*407-846-2168*
Daytime Phone #**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90263 030 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3576393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (10/00)