

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004368

1. Entity Name

HERITAGE FOUNTAIN 2000, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -3 AM 10:21

Principal Place of Business

Mailing Address

2. Principal Place of Business

4370 Sherborne Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3587978

Applied For

Not Applicable

Zip

32303

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

Joan Jones
4370 Sherborne Rd.
Tallahassee, FL 32303

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 ☐ Delete
NAME TD Joan Jones
STREET ADDRESS 4370 Sherborne Rd
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Delete
NAME PD Hugh Nicholson
STREET ADDRESS 4253 Kimmer Row
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Delete
NAME VD Ross Morrell
STREET ADDRESS 5041 Valley Farm Rd
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Delete
NAME D Mary Lou Merritt
STREET ADDRESS 3046 Fether Ct
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Delete
NAME D Carolyn Rapp
STREET ADDRESS 123 S. Calhoun St
CITY-ST-ZIP Tallahassee FL 32314

TITLE ☐ Delete
NAME D Paula Smith
STREET ADDRESS 200 Park St
CITY-ST-ZIP Tallahassee, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 500003429405-3
STREET ADDRESS -10/19/00-01025-013
CITY-ST-ZIP *****61.25 *****61.25

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

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

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

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1 007 (0000)