

**N990000004368**

John Jones  
Requester's Name  
4370 Sherborne Rd.  
Address  
Tallahassee, FL 32303  
City/State/Zip Phone #

Office Use Only  
*Resignation of officer*

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign 600003440266--3
- Limited Partnership -10/26/00--01051--001
- Reinstatement \*\*\*\*\*35.00 \*\*\*\*\*35.00
- Trademark
- Other

Examiner's Initials *ADK*

**OFFICER / DIRECTOR RESIGNATION**

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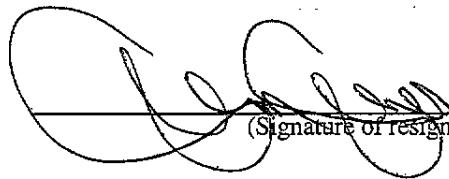
I, JOAN JONES

, hereby resign as Treas/Dire.  
(Title)

of HERITAGE FOUNTAIN 2000, INC  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**