

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90278 030 ****61.25

DOCUMENT # N99000004368

1. Entity Name

HERITAGE FOUNTAIN 2000, INC.

Principal Place of Business

**4370 SHERBORNE ROAD
TALLAHASSEE FL 32303**

Mailing Address

**4370 SHERBORNE ROAD
TALLAHASSEE FL 32303**

2. Principal Place of Business

3046 Feeney Ct.

3. Mailing Address

P.O. Box 12045

Suite, Apt. #, etc.

Tallahassee

Suite, Apt. #, etc.

Tallahassee

City & State

Florida

City & State

Florida

Zip

32308

Country

USA

Zip

32308

Country

USA

6. Name and Address of Current Registered Agent

**JONES, JOAN
4370 SHERBORE ROAD
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

MARY LOU MERRITT

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

3046 Feeney Ct.

City

Tallahassee

FL

Zip Code

32308

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

Mary Lou Merritt

MARY LOU MERRITT

1-31-01

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	SMITH, PAULA	
STREET ADDRESS	200 PARK STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLSON, HUGH	
STREET ADDRESS	4253 KIMMER ROWE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORRELL, ROSS	
STREET ADDRESS	5041 VALLEY FARM RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, MARY LOU	
STREET ADDRESS	3046 FEENEY CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAEPPLE, CAROLYN	
STREET ADDRESS	123 S. CALHOUN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32314	
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	Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	(and "D")	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karema Tyms	
STREET ADDRESS	Office of International Affairs	
CITY-ST-ZIP	The Capitol Rm 1902	
	Tallahassee, FL 32399-6250	

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:

Mary Lou Merritt

MARY LOU MERRITT (850) 878-7778
Secretary-Treasurer 1-31-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)