

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004368

1. Entity Name
HERITAGE FOUNTAIN 2000, INC.



Principal Place of Business
**106 E COLLEGE AVE
SUITE 700
TALLAHASSEE, FL 32301**

Mailing Address
**106 E COLLEGE AVE
SUITE 700
TALLAHASSEE, FL 32301**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3587978

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LINCOLN, MATT
106 E COLLEGE AVE
SUITE 700
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLE, COLLEEN 3900 COMMONWEALTH BLVD TALLAHASSEE, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLANE, JERRY 106 E COLLEGE AVE SUITE 700 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINCOLN, MATT 106 E COLLEGE AVE SUITE 700 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARP, RALPH 7482 CREEKRIDGE CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINA, LAURIE C2200 UNIVERSITY CENTER TALLAHASSEE, FL 32306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRELL, ROSS 5041 VALLEY FARM RD TALLAHASSEE, FL 32303

U00000178297
01/12/05-80021-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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 #

1/7/05