

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 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



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3587978

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLANE, JERRY
106 E COLLEGE AVE
SUITE 700
TALLAHASSEE, FL 32301

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000576931
01/05/07-80006-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/04/07
Date

(850) 222-2771
Daytime Phone #