

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90046 033 \*\*\*\*61.25

**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



01042008 No Chg-NP

CR2E037 (4/06)

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**

MULLANE, JERRY  
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, 2008**

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	<del>I</del> <del>SHARP, RALPH</del> <del>7482 CREEK RIDGE CIRCLE</del> <del>TALLAHASSEE, FL 32309</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>MOLINA, LAURIE</del> <del>C2200 UNIVERSITY CENTER</del> <del>TALLAHASSEE, FL 32306</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>MORFELL, ROSS</del> <del>5041 VALLEY FARM RD</del> <del>TALLAHASSEE, FL 32303</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*J. Mullane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/08  
Date

850/222-2771  
Daytime Phone #