

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006473

1. Entity Name

PROJECT HERITAGE QUEST, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90313 011 ****70.00

Principal Place of Business

6915 BLOWING ROCK LANE
JACKSONVILLE FL 32222

Mailing Address

P. O. BOX 2403
JACKSONVILLE FL 32203-2403

2. Principal Place of Business

6915 Blowing Rock Lane
Suite, Apt. #, etc.

JACKSONVILLE

City & State
Florida

3. Mailing Address

P. O. Box 2403
Suite, Apt. #, etc.

JACKSONVILLE

City & State
Florida

Zip
32222

Country
USA

Zip
32203

Country
USA

4. FEI Number

59-3608843

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSES, BURLEAN
6915 BLOWING ROCK LANE
JACKSONVILLE FL 32222

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Burlean S. Moses
6915 Blowing Rock Lane
Jacksonville FL 32222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Daniel Moses
6915 Blowing Rock Lane
Jacksonville FL 32222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Pamela Alford
1024 Tarrytown Lane
West Columbia, SC 29170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Rowland Heyward
2549 Terrace Trail
Decatur, GA 30035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Father Harold Tetlie
P.O. Box 1607
Alice, Texas 78333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: Burlean S. Moses

4/26/00 904 630-0922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #