

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90377 041 ****70.00

DOCUMENT # N99000006473

1. Entity Name Book Source 4 Kids
PROJECT HERITAGE QUEST, INC.

Principal Place of Business

6915 BLOWING ROCK LANE
 JACKSONVILLE FL 32222

Mailing Address

P. O. BOX 2403
 JACKSONVILLE FL 32203

551059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3608843

Applied For

Not Applicable

Zip

32222

Country

Dual

Zip

32203

Country

USA

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 **P** ☐ Delete
 NAME **MOSES, BURLEAN S**
 STREET ADDRESS **6915 BLOWING ROCK LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **ST** ☐ Delete
 NAME **MOSES, DANIEL**
 STREET ADDRESS **6915 BLOWING ROCK LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **D** ☐ Delete
 NAME **ALFORD, PAMELA**
 STREET ADDRESS **1024 TERRY TOWN LANE**
 CITY-ST-ZIP **WEST COLUMBIA SC 29170**

TITLE **D** ☐ Delete
 NAME **HEYWARD, ROWLAND**
 STREET ADDRESS **2549 TERRACE TRAIL**
 CITY-ST-ZIP **DECATUR GA 30035**

TITLE **D** ☐ Delete
 NAME **TETUS, HAROLD FATHER**
 STREET ADDRESS **PO BOX 1607**
 CITY-ST-ZIP **ALICO TX 78333**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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: Delean S. Moses 5/5/01 904 777-8129

CR2E037 (10/00)