

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059604

1. Entity Name

HERITAGE TITLE COMPANY

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90032 033 ***150.00

Principal Place of Business

8453 FLAGSTONE DR.
TAMPA FL 33615

Mailing Address

8453 FLAGSTONE DR.
TAMPA FL 33615

2. Principal Place of Business

5425 Theresa Road

Suite, Apt. #, etc.

Suite B

City & State

Tampa FL

Zip

33615

Country

Hillsborough

3. Mailing Address

5425 Theresa Road

Suite, Apt. #, etc.

Suite B

City & State

Tampa FL

Zip

33615

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3652840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, BONNIE M
8453 FLAGSTONE DR.
TAMPA FL 33615

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	President/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BONNIE M. MARTIN		
STREET ADDRESS	8453 FLAGSTONE DR		
CITY-ST-ZIP	TAMPA, FL 33615		
TITLE	Vice President/Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	J. R. CLARK		
STREET ADDRESS	8709 Cobblestone Dr		
CITY-ST-ZIP	TAMPA, FL 33615		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonnie M. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONNIE M. MARTIN

Date

Daytime Phone

4/26/01 813 290-7922

CR2E034 (10/00)