

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066329

1. Entity Name
HERITAGE RESEARCH & POLLING GROUP, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90049 016 ***150.00

Principal Place of Business

**801 BRICKELL AVENUE #1901
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE #1901
MIAMI FL 33131**

966035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO BOX 560521

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number

05-1024522

Applied For

Not Applicable

Zip

Country

33256-0521

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPENCER, KEVIN ESQ.
801 BRICKELL AVENUE #1901
MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WHITSON, KATHY MS.**
STREET ADDRESS **C/O 801 BRICKELL AVENUE #1901**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME **13480 SW 82 AVE**
STREET ADDRESS **MIAMI, FL 33156**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITSON, JEFF MR.**
STREET ADDRESS **C/O 801 BRICKELL AVENUE #1901**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME **13480 SW 82 AVE**
STREET ADDRESS **MIAMI, FL 33156**
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Kathryn Whitson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 786-218-0200

CR2E034 (10/00)