

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000111626

1. Entity Name

AMERICAN HERITAGE AFFILIATES, INC.

FILED

02 MAY -7 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1230 DOUGLAS AVENUE

Suite, Apt. #, etc.
200

City & State
LONGWOOD, FLORIDA

Zip
32779

Country
SEMINOLE

3. Mailing Address

1230 DOUGLAS AVENUE

Suite, Apt. #, etc.
200

City & State
LONGWOOD, FLORIDA

Zip
32779

Country
SEMINOLE

4. FEI Number
59-3685543

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
RICHARD A. WOLLNER

Street Address (P.O. Box Number is Not Acceptable)
2917 W. STATE ROAD 434

SUITE 200

City
LONGWOOD

FL

Zip Code
32779

**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.

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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT / DIRECTOR
SAL A. NUNZIATA
1230 DOUGLAS AVENUE, SUITE 200
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT / DIRECTOR
SALVATORE NUNZIATA JR.
1230 DOUGLAS AVENUE, SUITE 200
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT / DIRECTOR
ANTHONY NUNZIATA
1230 DOUGLAS AVENUE, SUITE 200
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered

SIGNATURE: SALVATORE NUNZIATA JR., VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

(407)869-4440

Daytime Phone #

CR2E034B (12/01)