

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90018 005 \*\*\*150.00

**DOCUMENT # P00000114252**

**1. Entity Name**  
**UNITED HERITAGE BANK**

**Principal Place of Business**

**3378 EDGEWATER DR**  
**ORLANDO FL 32804**

**Mailing Address**

**3378 EDGEWATER DR**  
**ORLANDO FL 32804**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** **59-3687725**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**David Powers**  
**104 Green Leaf Lane**  
**Altamonte Springs, FL 32714**

**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)

**3/7/02**  
 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	CASH, JOHN JR	
STREET ADDRESS	1621 LAUREL RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARUSO, JAMES P	
STREET ADDRESS	738 HARDMAN DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, M A III	
STREET ADDRESS	941 TUSKAWILLA TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D/C	<input type="checkbox"/> Delete
NAME	HEWITT, JAMES L	
STREET ADDRESS	811 NORTH LAKE ADAIR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, VINCENT	
STREET ADDRESS	560 IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREE, RICHARD T SR	
STREET ADDRESS	945 N LAKE ADAIR	
CITY-ST-ZIP	ORLANDO FL 32804	

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

TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Powers, David	
STREET ADDRESS	104 Green Leaf Lane	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prevost, Jack	
STREET ADDRESS	1129 Country Lane	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Don	
STREET ADDRESS	4450 E. Lake Drive	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, David	
STREET ADDRESS	930 N. Texas Ave.	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tyler, Shirley	
STREET ADDRESS	314 Hazelnut Street	
CITY-ST-ZIP	Winter Springs, FL 32708	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/02**

**407-447-0386**

Date

Daytime Phone #

CR2E034 (9/01)