

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

Amended

FILED

02 NOV 26 PM 1:44

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084390

1. Entity Name

Heritage Financial Partners, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2202 N West Shore Blvd

3. Mailing Address

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number

651130622

☒ Applied For
☐ Not Applicable

Zip

33607

Country

US

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RUTH C HAUGHTON

Street Address (P.O. Box Number is Not Acceptable)

~~101 Park St~~

2202 N. West Shore Blvd #200

City

~~Safety Harbor~~ TAMPA FL

Zip Code

33607

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
Ruth C Haughton
2202 N West Shore Blvd #200

Tampa, FL 33607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400009372234
12/05/02--01041--014 **61.25

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/2002 (813)6422577

Date

Daytime Phone #

CR2E034B (12/01)