

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90177 019 \*\*\*150.00

0014583 AT

**DOCUMENT # P01000116271**

**1. Entity Name**  
**HERITAGE PARK ASSOCIATES VI, INC.**

**Principal Place of Business**  
**1430 KENILWORTH STREET**  
**SARASOTA FL 34231**

**Mailing Address**  
**C/O WILLIAM M. SEIDER**  
**200 SOUTH ORANGE AVENUE**  
**SARASOTA FL 34236**

**2. Principal Place of Business**  
**26212 MADRAS COURT**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Charlotte Harbor, FL**

**City & State**

**4. FEI Number**

☒ **Applied For**  
☐ **Not Applicable**

**Zip**  
**33983**

**Country**  
**US**

**Zip**

**Country**

**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**

**SEIDER, WILLIAM M**  
**200 SOUTH ORANGE AVENUE**  
**SARASOTA FL 34236**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DPST**  
**PALMER, PHILIP J**  
**1430 KENILWORTH STREET**  
**SARASOTA FL 34231** ☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**26212 MADRAS COURT**  
**Charlotte Harbor, FL 33983** ☒ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DV**  
**MORRIS, ROBERT A JR**  
**1430 KENILWORTH STREET**  
**SARASOTA FL 34231** ☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
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☐ **Delete**

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**CITY-ST-ZIP**  
☐ **Delete**

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**CITY-ST-ZIP**  
☐ **Change** ☐ **Addition**

**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:** *Philip J. Palmer* **REQUIRED PHILIP J. PALMER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02**  
 Date

**(941) 766-8315**  
 Daytime Phone #

CR2E034 (9/01)