

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90631 001 ***300.00

DOCUMENT # P03000004247



1. Entity Name
UNITED HERITAGE BANK

Principal Place of Business
**3378 EDGEWATER DRIVE
ORLANDO, FL 32804**

Mailing Address
**3378 EDGEWATER DRIVE
ORLANDO, FL 32804**

66416542



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3687725

Applied For

Not Applicable

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **COB** ☐ Delete
NAME **HEWITT, JAMES L**
STREET ADDRESS **811 NORTH LAKE ADAIR**
CITY-STATE-ZIP **ORLANDO, FL 32804**

TITLE **PD** ☐ Delete
NAME **POWERS, DAVID G.**
STREET ADDRESS **104 GREEN LEAF LANE**
CITY-STATE-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **SEVP** ☐ Delete
NAME **SCURES, MICHAEL R.**
STREET ADDRESS **8324 AMBER OAK DRIVE**
CITY-STATE-ZIP **ORLANDO, FL 32817**

TITLE **SEVP** ☐ Delete
NAME **MCLEOD, DAVID**
STREET ADDRESS **930 NORTH TEXAS**
CITY-STATE-ZIP **ORLAND, FL 32804**

TITLE **EVP** ☐ Delete
NAME **TYLER, SHIRLEY**
STREET ADDRESS **314 HAZELNUT STREET**
CITY-STATE-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☒ Delete
NAME **BALL, THOMAS B. III**
STREET ADDRESS **245 SHADY OAKS CIRCLE**
CITY-STATE-ZIP **LAKE MARY, FL 32746**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Tyler **EVP**

4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mt & Page #