

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27033

1. Entity Name

THE HERITAGE ORGANIZATION, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90154 002 \*\*\*550.00

Principal Place of Business

5001 SPRING VALLEY ROAD  
SUITE 630E  
DALLAS TE 75244-3942  
US

Mailing Address

C/O VICKIE A. WALKER  
P.O. BOX 168  
PLEASANT VIEW TN 37146-0168  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

74-2443386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	V	<input type="checkbox"/> Delete
NAME	KORNMAN, GARY M.	
STREET ADDRESS	5001 SPRING VALLEY RD., STE 800E	
CITY-ST-ZIP	DALLAS TX 75244-3942	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALKER, VICKIE A.	
STREET ADDRESS	P.O. BOX 168 N/A	
CITY-ST-ZIP	PLEASANT VIEW TN 37146-0168	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CANADA, JR. W. RALPH	
STREET ADDRESS	5001 SPRING VALLEY RD., STE 800E	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REID, TERRY O.	
STREET ADDRESS	5001 SPRING VALLEY ROAD ST E800E	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	UHL, PAMELA S.	
STREET ADDRESS	5001 SPRING VALLEY RD., STE 800E	
CITY-ST-ZIP	DALLAS TX 75244-3942	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha V Reynolds	
STREET ADDRESS	5001 Spring Valley Rd Ste 800E	
CITY-ST-ZIP	Dallas TX 75244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Vickie A. Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vickie A. Walker as Sec/Treas

7/13/00

Date

Daytime Phone #

CR2E034 (5/00)