

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002819  
Entity Name  
HERITAGE AFFORDABLE HOUSING, INC.

FILED  
Feb 22, 2000 8:00 am  
Secretary of State  
02-22-2000 90033 013 \*\*\*158.75

Principal Place of Business      Mailing Address  
CHALLENGER ROAD      450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920      CAPE CANAVERAL FL 32920-4226  
US

813688



Principal Place of Business      3. Mailing Address  
505 N. Atlantic Ave.      5505 N. Atlantic Ave.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
115      115  
City & State      City & State  
Cocoa Beach, FL      Cocoa Beach, FL  
Zip      Country      Zip      Country  
32931      USA      32931      USA

DO NOT WRITE IN THIS SPACE  
4. FEI Number      59-3148897      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☒      \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
HARTMAN, MICHAEL A  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent  
Name  
Jacqueline McPhillips  
Street Address (P.O. Box Number is Not Acceptable)  
5505 N. Atlantic Ave., #115  
City      State      Zip Code  
Cocoa Beach      FL      32931

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: *Jacqueline McPhillips*      1-14-00      DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DV MCPHILLIPS, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V McPhillips, Michael 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DPTS MCPHILLIPS, JACQUELINE 450 CHALLENGER ROAD CAPE CANAVERAL FL ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T McPhillips, Jacqueline 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V HARTMAN, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V COLVARD, ALISON 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Colvard, Alison Kerr-Hull 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jacqueline McPhillips*      1-14-00      Date      Daytime Phone #