

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075715

1. Entity Name

HERITAGE PARTNERS GROUP VIII, INC.

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90243 001 \*2,381.25

0000



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920-4226

2. Principal Place of Business  
5505 N. Atlantic Ave.

3. Mailing Address  
5505 N. Atlantic Ave.

Suite, Apt. #, etc.  
115

Suite, Apt. #, etc.  
115

City & State  
Cocoa Beach, FL

City & State  
Cocoa Beach, FL

4. FEI Number 59-3197784  
Applied For  
Not Applicable

Zip 32931 Country USA

Zip 32931 Country USA

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 32920-4226

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 Cocoa Beach FL Zip Code 32931

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 *Jacqueline McPhillips* 1-14-00  
Signature, typed or printed name of registered agent and title (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, 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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCPHILLIPS, JACQUELINE 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCPHILLIPS, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTMAN, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLVARD, ALISON 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jacqueline McPhillips* 1-14-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)