

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000002149**

1. Entity Name

**HEARTLAND FESTIVALS, INC.****FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90008 010 \*\*\*150.00

Principal Place of Business

Mailing Address

1839 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 349521839 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE FL 34952-5529

2. Principal Place of Business

5104 Oleander Ave.

3. Mailing Address

3104 SE Overbrook DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Ft. Pierce, FLCity & State  
Port St. Lucie, FL4. FEI Number **65-0844153**

Applied For

Not Applicable

Zip  
34982Country  
USAZip  
34952Country  
USA5. 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****TIERNEY, J. STEPHEN**  
**311 S. 2ND ST.**  
**FT. PIERCE FL 34950**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLDFIELD, RICHARD J</b> <b>553 CROSS CREEK CR</b> <b>SEBASTIAN FL 32858</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3104 SE Overbrook Dr.</b> <b>Port St. Lucie, FL 34952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:****Richard J. Oldfield**

4/21/00

561-337-2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)