2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046728

1. Entity Name

HERITAGE PARTNERS GROUP XI, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

450 CHALLENGER ROAD CAPE CANAVERAL FL 32920

2. Principal Place of Business

450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90220 001 *7,778.75

11240



Second Part	5505	N. Atlantic Ave.	5505 N. Atla	ntic	Ave		1 18611831 118	16111 41611 46 111 56 11	: 		((8 8) (8) (88)
City & State Cocoa Beach, FL C	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS S	PACE	
Cocoa Beach, FL Cocoa Beach, FL Cocoa Beach, FL S9-2/39119 Not Applice S8-75 Additional For Required S9-73/3911 S9-3/3931 USA S. Cartificate of Status Desired S8-75 Additional For Required S9-75 Add	115		115								
COUNTRY 32931 USA 32931 To Name and Address of New Registered Agent Name HARTMAN, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 City Cocca Beach FL Zip Cocis Signature Si						4.	FEI Number	59-323911	9	\rightarrow	
Security	Cocoa	a Beach, FL					30 0208110				Not Applicable
HARTMAN, MICHAEL A 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 City Coca Beach TL Zip Code 5505 N. Atlantic Ave., #115 City Coca Beach The above named entry systemis this statement by the purpose of chapping many distered dipte or registered agent, or both, in the State of Florida. 8. The above named entry systemis this statement by the purpose of chapping many distered dipte or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See critefia on back) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See critefia on back) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See critefia on back) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See critefia on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 11. OPFICERS AND DIRECTORS 11. OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OPFICERS AND DIRECTORS 11. OPFICERS AND DIRECTORS IN 11 11. OPFICERS AND DIRECTORS 11. OPFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OPFICERS AND DIRECTORS IN 11 11. OPFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. OPFICERS AND DIRECTORS IN 11 14. OPFICERS AND DIRECTORS IN 11 15. OPFICERS AND DIRECTORS IN 11 16. Election Camparign Financing Thus Fund Contribution. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. OPFICERS AND DIRECTORS IN 11 10. OPFICERS AND					•	5.	Certificate of	Status Desired			
HARTMAN, MICHAEL A 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 Cocca Beach FL 216 Code			egistered Agent			7.	Name and A	ddress of New F	legistered A	gent	
Street Address (P.O. Box Number is Not Acceptable) 5505 N. Atlantic Ave., #115 City Cocca Beach FL Zig Code 32931 8. The above named entity submits this statement of the purpose of chapaing the district of the purpose of the p							34 m) 17	٠.			
450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 City Coccoa Beach FL Zig Code 32931 City Coccoa Beach FL Zig Coccoa City City Coccoa Beach FL Zig Coccoa City City Coccoa Beach FL Zig Coccoa City City Coccoa City City Coccoa City City Coccoa City City City Coccoa City City City Coccoa City City City Coccoa City City City City City City City Coccoa City City City City City City City City	HARTMAN, MICHAEL A										
CAPE CANAVERAL FL 32920 City Cocoa Beach FL Zip Cose 32931 8. The above named entity submits this statement by the purpose of chapping traced sistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See crityfia on back) 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS IN 11 13. Election Campaign Financing 14. DELECTORS AND DIRECTORS IN 11 14. DELECTORS IN 11 15. OFFICER											
8. The above named entity submits this statement for the purpose of chapping the disterted dilive or registered agent, or both, in the State of Florida. SIGNATURE Supply Suppace or printer name of registered agent and stee if applicants. 9. This corporation is eligible to satisfy its Intangible Tax filing rydurement and elects to do so. (See critical on back) MARKE Check Payable to Department of State 11.				ţ				<u></u>			
8. The above named entity submits this statement for the purpose of chapping its orgistered different control of the control of the purpose of chapping its orgistered different control of the control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose of chapping its orgistered different control of the purpose o						<u>.</u>				1	
SIGNATURE Signation is eligible to satisfy its Intangible Tax filing obtained signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing obtained and elects to do so. (See critoria on back) The post of post of the state of the s					Cocoa Beach FL Zip Code 329:						931
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See crityfia on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITTLE DPST NAME MCPHILLIPS, JACQUELINE STREET ADDRESS TO CAPE CANAVERAL FL 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 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 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. OFFICERS AND DIRECTORS IN 11 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS IN 11 15. OFFICERS AND DIRECTORS IN 11 16. OFFICERS AND DIRECTORS IN 11 17. OFFICERS AND DIRECTORS IN 1	8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or reg	istered ag	gent, or both,	in the State of Fl	orida.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See crityfia on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITTLE DPST NAME MCPHILLIPS, JACQUELINE STREET ADDRESS TO CAPE CANAVERAL FL 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 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 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. OFFICERS AND DIRECTORS IN 11 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS IN 11 15. OFFICERS AND DIRECTORS IN 11 16. OFFICERS AND DIRECTORS IN 11 17. OFFICERS AND DIRECTORS IN 1			1600	1) %.				•			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See crityfia on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITTLE DPST NAME MCPHILLIPS, JACQUELINE STREET ADDRESS TO CAPE CANAVERAL FL 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 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 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. OFFICERS AND DIRECTORS IN 11 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS IN 11 15. OFFICERS AND DIRECTORS IN 11 16. OFFICERS AND DIRECTORS IN 11 17. OFFICERS AND DIRECTORS IN 1	SIGNATURE A	/ Macello Sono	o Mark	M	ie			-1400	[†]	_	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11.	SIGNALURE /	Signal re, typed or printed name of registered agent and	d title if applicable. (NOT)	E: Registered	gent signature re	quired when	einstating)				
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11.			T ELENOW		0 6150 00		1				
Make Check Payable to Department of State			1		-	nn	1	, .	~ ~		
TITLE DPST Delete DPST Delete DPST Delete DPST Delete DPST DELET ADDRESS CITY-ST-ZIP DELETE DPST DPST DELETE DPST DELETE DPST DPST DELETE DPST DPST DPST DPST DPST DPST DPST DPST			1				Trust	Fund Contribution	in. 🗀	Add	led to Fees
TITLE							DOITIONS (CI	INNOFE TO OF	TOTOC AND	DIRECTO	DC IN 11
NAME SIREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME MCPHILLIPS, Jacqueline STREET ADDRESS CITY-ST-ZIP COCOA Beach, FT 32931 TITLE NAME MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME HARTMAN, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP TITLE NAME COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FT. 32931 Addit Addit Addit Addit Addit Addit Addit Adve., #115 COCOA Beach, FT. 32931				_				HANGES TO OFF	-ICERS AND		
STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE DV NAME MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME HARTMAN, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FT. 32931 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V NAME STREET ADDRESS CITY-ST-ZIP TITLE V NAME COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FT. 32931 TITLE V CAPE CANAVERAL FL TITLE COCOA BEACH, FT. 32931 Addit Change Ad		1	☐ Delete					- 12		LA Unange	3 Addition
CITY-ST-ZIP CAPE CANAVERAL FL DV MCPHILLIPS, MICHAEL NAME MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL D/V MCPHILLIPS, MICHAEL NAME MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL D/V MCPHILLIPS, MICHAEL NAME MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL D/V MCPHILLIPS, MICHAEL NAME STREET ADDRESS CITY-ST-ZIP COCOO Beach, FL 32931					· I					_	
TITLE MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE V HARTMAN, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANERVAL FL TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 TITLE COCCOA Beach, FL 32931 CAPE CANAVERAL FL TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP COCCOA Beach, FL 32931 COCCOA Beach, FL 32931 COCCOA Beach, FL 32931										5	
MAME MCPHILLIPS, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME HARTMAN, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE V HARTMAN, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE V TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V TITLE V TITLE V TITLE V TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V COCOA Beach, FL 32931 Change Addit Addit Change Addit STREET ADDRESS CITY-ST-ZIP TITLE V COLVARD, ALISON NAME COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 STREET ADDRESS CITY-ST-ZIP COCOA Beach, FL 32931	CHY-S1-ZIP	<u> </u>		CITT	-S1-ZIP		<u>a Beach</u>	<u>, FL 32</u>	<u> 2931 </u>		
STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V COCOA Beach, FL 32931 Change Addit Addit Addit Cape Cape Cape Cape Cape Cape Cape Cape	TITLE	1	☐ Delete	TITLE		D/V				Change Ch	e 🔲 Addition
CITY-ST-ZIP CAPE CANAVERAL FL CITY-ST-ZIP COCOA Beach, FL 32931 CITYLE V. Delete TITLE NAME HARTMAN, MICHAEL STREET ADDRESS CITY-ST-ZIP COCOA Beach, FL 32931 Change Addit Addit NAME STREET ADDRESS CITY-ST-ZIP TITLE V Delete TITLE V STREET ADDRESS COLVARD, ALISON NAME COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP COCOA Beach, FL 32931 COCOA Beach, FL 32931	NAME	1		1		McPh	illips,	Michael			
TITLE NAME HARTMAN, MICHAEL STREET ADDRESS CITY-ST-ZIP CAPE CANERVAL FL Delete TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP COCOa Beach, FL 32931 TITLE COCABBE CANAVERAL FL 32920 TITLE COCABBE CANAVERAL FL 32931 TITLE V COCABBE CANAVERAL FL 32931	STREET ADDRESS					5505	N. Atl	antic Ave	e., #11	5	
TITLE V. Delete TITLE Change Addit Addit AMME STREET ADDRESS CITY-ST-ZIP COCOA Beach, FL 32931 TITLE V. Change Addit Ad	CITY-ST-ZIP			. CITY-	-ST-ZIP	_Coco	a Beach	, FL 32	2931		
STREET ADDRESS CITY-ST-ZIP CAPE CANERVAL FL TITLE V COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP COCOA Beach, FL 32931	TITLE	, **	Delete	TITLE				•		☐ Change	e 🔲 Addition
CITY-ST-ZIP CAPE CANERVAL FL CITY-ST-ZIP CITY-ST-ZIP COLVARD, ALISON NAME COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP COCOA Beach, FL 32931	NAME	• · · · · · · · · · · · · · · · · · · ·		NAME							
TITLE V Delete TITLE V COLVARD, ALISON NAME COLVARD, ALISON STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 TITLE V STREET ADDRESS CITY-ST-ZIP COCOA Beach, FL 32931	STREET ADDRESS	1	,		1						
NAME COLVARD, ALISON NAME Colvard, Alison Kerr-Hull STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 NAME COLVARD, ALISON STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA Beach, FL 32931	CITY-\$T-ZIP	CAPE CANERVAL FL		CITY-	-ST-ZIP					<u> </u>	
STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 STREET ADDRESS CITY-ST-ZIP COCOA Beach, FL 32931	TITLE	1.7	□ Delete	TITLE	:	-				X Change	e 🔲 Addition
CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP Cocoa Beach, FL 32931	NAME	COLVARD, ALISON		NAME		Colv	ard, Al	ison Ker	c-Hull		
CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP Cocoa Beach, FL 32931	STREET ADDRESS	450 CHALLENGER ROAD		STREE	ET ADDRESS	5505	N. Atl	antic Ave	e., #11	5	
	CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-	-ST-ZIP				•		
	TITLE		☐ Delete	TITLE				<u> </u>		☐ Change	e 🔲 Addition
NAME NAME		1		NAME	: /						
STREET ADDRESS STREET ADDRESS	STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP	ļ	•	CITY-	-ST-ZIP						
TITLE Delete TITLE Change Addit	TITLE		☐ Delete	TITLE						☐ Change	e 🔲 Addition
NAME NAME			— Délete								
STREET ADDRESS STREET ADDRESS		}			· .						
CITY-ST-ZIP 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			his filing story not accept to			in Contin	110.07/2\/\\	Elorida Statutas	I further core	tifu that the	a information

of the corporation or the receiver or trustee empowered to execute this report as required by 7. Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Daytime Phone #