

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90070 025 ***158.75

0485546

DOCUMENT # P94000051235

1. Entity Name
HERITAGE PARTNERS GROUP XII, INC.

Principal Place of Business 5505 N ATLANTIC AVE 115 COCOA BEACH FL 32931	Mailing Address 5505 N ATLANTIC AVE 115 COCOA BEACH FL 32931
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3253369		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931				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 _____ (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. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCPHILLIPS, JACQUELINE		NAME	Neal Harding	
STREET ADDRESS	5505 N ATLANTIC AVE #115		STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCPHILLIPS, MICHAEL		NAME	James Kincaid	
STREET ADDRESS	5505 N ATLANTIC AVE. #115		STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERY, MICHAEL		NAME		
STREET ADDRESS	90 MADISON AVE		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80206		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR-HULL COLVARD, ALISON		NAME		
STREET ADDRESS	5505 N ATLANTIC AVE #115		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 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: *Alison Kerr-Hull Colvard* 4/25/01 (320) 799-4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)