

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90245 001 \*\*\*150.00  
01-23-2003 90245 002 \*\*\*\*8.75

**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**

2. Principal Place of Business  
**127 Lafayette Street**

3. Mailing Address  
**127 Lafayette Street**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Denver, CO**

City & State  
**Denver, CO**

4. FEI Number  
**59-3253369**

Applied For  
 Not Applicable

Zip  
**80218**

Country  
**USA**

Zip  
**80218**

Country  
**USA**

5. 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

**MCPHILLIPS, JACQUELINE  
5505 N ATLANTIC AVE  
#115  
COCOA BEACH FL 32931**

Name  
**Curtis D. Hamlin**

Street Address (P.O. Box Number is Not Acceptable)  
**1205 Manatee Avenue W**

City  
**Bradenton**

State  
**FL**

Zip  
**34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

January 14, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$350.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MCPHILLIPS, MICHAEL 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAVERY, MICHAEL 90 MADISON AVE DENVER CO 80206</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST Michael Lavery 127 Lafayette Street Denver, CO 80218</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KERR-HULL COLVARD, ALISON 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC HARDING, NEAL 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV KINCAID, JAMES 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

1-16-2003 (303) 355-3400

CR2E034 (10/02)