

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055891

1. Entity Name

HERITAGE PARTNERS GROUP XIII, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90172 026 ***158.75

Principal Place of Business

5505 N ATLANTIC AVE
#115
COCOA BEACH FL 32931
US

Mailing Address

5505 N ATLANTIC AVE
#115
COCOA BEACH FL 32931
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3253357

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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, 2001 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

TITLE DPST ☐ Delete
NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 5505 N ATLANTIC AVE #115
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D/C ☐ Change ☒ Addition
NAME Neal Harding
STREET ADDRESS 5505 N. Atlantic Ave., #115
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE VD ☐ Delete
NAME MCPHILLIPS, MICHAEL
STREET ADDRESS 5505 N ATLANTIC AVE #115
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D/V ☐ Change ☒ Addition
NAME James Kincaid
STREET ADDRESS 5505 N. Atlantic Ave., #115
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE V ☐ Delete
NAME COLVARD, ALISON
STREET ADDRESS 5505 N ATLANTIC AVE #115
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (321) 799-4090
Date Daytime Phone #

CR2E034 (10/00)