

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90220 001 *7,778.75

- 11248



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000055896**1. Entity Name**
HERITAGE PARTNERS GROUP XIV, INC.**Principal Place of Business**
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
Mailing Address
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226
US**2. Principal Place of Business**
5505 N. Atlantic Ave.
Suite, Apt. #, etc.
115
City & State
Cocoa Beach, FL
Zip
32931
Country
USA
3. Mailing Address
5505 N. Atlantic Ave.
Suite, Apt. #, etc.
115
City & State
Cocoa Beach, FL
Zip
32931
Country
USA**4. FEI Number** 59-3255957
☐ Applied For
☐ Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**
HARTMAN, MICHAEL
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920**7. Name and Address of New Registered Agent**
Name
Jacqueline McPhillips
Street Address (P.O. Box Number is Not Acceptable)
5505 N. Atlantic Ave., #115
City
Cocoa Beach
FL
Zip Code
32931**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** *Jacqueline McPhillips* 1-17-00
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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	MCPHILLIPS, JACQUELINE	450 CHALLENGER ROAD	CAPE CANAVERAL FL	<input type="checkbox"/>
DV	MCPHILLIPS, MICHAEL	450 CHALLENGER ROAD	CAPE CANAVERAL FL 32920	<input type="checkbox"/>
V	HARTMAN, MICHAEL	450 CHALLENGER ROAD	CAPE CANAVERAL FL	<input checked="" type="checkbox"/>
V	COLVARD, ALISON	450 CHALLENGER ROAD	CAPE CANAVERAL FL 32920	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D/P/S/T	McPhillips, Jacqueline	5505 N. Atlantic Ave., #115	Cocoa Beach, FL 32931	<input checked="" type="checkbox"/>
D/V	McPhillips, Michael	5505 N. Atlantic Ave., #115	Cocoa Beach, FL 32931	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
V	Colvard, Alison Kerr-Hull	5505 N. Atlantic Ave., #115	Cocoa Beach, FL 32931	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 an other like empowered.**SIGNATURE:** *Jacqueline McPhillips* 1-17-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/99)