## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State DOCUMENT # **P9400063927** 1. Entity Name HERITAGE PARTNERS GROUP XV, INC. 05-04-2000 90220 001 \*7,778.75 Mailing Address Principal Place of Business 450 CHALLENGER ROAD CC CHALLENGER ROAD 11249 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-4226 2. Principal Place of Business 3. Mailing Address 5505 N Atlantic Ave. 5505 N. Atlantic Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 115 City & State City & State Applied For 4. FEI Number 59-3263794 Cocoa Beach, FL Cocoa Beach, FL Not Applicable Zip \$8.75 Additional Country Country X Certificate of Status Desired Fee Required 32931 USA 329<u>31</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jacqueline McPhillips HARTMAN, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) **450 CHALLENGER ROAD** <u>5505 N. Atlantic Ave., #115</u> CAPE CANAVERAL FL 32920 Cocoa Beach the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for SIGNATURE ered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing equirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criferia on back) 文 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D/P/S/T CR2E034 (9/99) **PSTD** TITLE TX Change □ Delete TIT! F MCPHILLIPS, JACQUELINE McPhillips, Jacqueline NAME NAME STREET ADDRESS 5505 N. Atlantic Ave., #115 STREET ADDRESS 450 CHALLENGER ROAD CITY-ST-ZIP CITY~ST-7IP CAPE CANAVERAL FL 32920 Cocoa Beach, FL 32931 **X**Change ☐ Addition TITI E TITLE Delete MCHPHILLIPS, MICHAEL NAME NAME McPhillips, Michael 450 CHALLENGER ROAD STREET ADDRESS STREET ADDRESS 5505 N. Atlantic Ave., #115 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 Cocca Beach, FL 32931 XX Delete ☐ Change ☐ Addition TITLE TITLE HARTMAN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 450 CHALLENGER ROAD CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 TXChange ☐ Addition Delete TITLE TITLE Colvard, Alison Kerr-Hull COLVARD, ALISON NAME NAME STREET ADDRESS STREET ADDRESS 450 CHALLENGER ROAD 5505 N. Atlantic Ave., #115 CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP 32931 Cocoa Beach, FL Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

leve

NATURE AND TYPED OR PRINTED NAM

SIGNATURE:

Date Daytime Phone #