

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000008586

FILED  
May 21, 2003  
Secretary of State

Entity Name: HERITAGE PARTNERS GROUP XVII, INC.

## Current Principal Place of Business:

5505 N ATLANTIC AVE  
115  
COCOA BEACH, FL 32931 US

## New Principal Place of Business:

## Current Mailing Address:

5505 N ATLANTIC AVE  
115  
COCOA BEACH, FL 32931 US

## New Mailing Address:

FEI Number: 59-3292655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MC PHILLIPS, JACQUELINE  
5505 N ATLANTIC AVE  
115  
COCOA BEACH, FL 32931 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MCPHILLIPS, JACQUELINE  
Address: 5505 N ATLANTIC AVE #115  
City-St-Zip: COCOA BEACH, FL 32931

Title: DV ( ) Delete  
Name: MCPHILLIPS, JACQUELINE  
Address: 5505 N ATLANTIC AVE #115  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: V ( ) Delete  
Name: COLVARD, ALISON  
Address: 5505 N ATLANTIC AVE #115  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: DC ( ) Delete  
Name: HARDING, NEAL  
Address: 5505 N ATLANTIC AVE 115  
City-St-Zip: COCOA BEACH, FL 32931

Title: DV ( ) Delete  
Name: KINCAID, JAMES  
Address: 5505 N ATLANTIC AVE 115  
City-St-Zip: COCOA BEACH, FL 32931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: COLVARD, ALISON DELETE  
Address: 5505 N ATLANTIC AVE #115  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE MCPHILLIPS

PSTD

05/21/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date