

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90220 001 \*7,778.75

**DOCUMENT # P95000023432**

1. Entity Name

**HERITAGE PARTNERS GROUP XIX, INC.**

Principal Place of Business <b>5505 CHALLENGER ROAD CAPE CANAVERAL FL 32920</b>	Mailing Address <b>450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226 US</b>
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**11251**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5505 N. Atlantic Ave.</b> Suite, Apt. #, etc. <b>115</b> City & State <b>Cocoa Beach, FL</b>		3. Mailing Address <b>5505 N. Atlantic Ave.</b> Suite, Apt. #, etc. <b>115</b> City & State <b>Cocoa Beach, FL</b>		4. FEI Number <b>59-3340302</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32931</b>	Country <b>USA</b>	Zip <b>32931</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HARTMAN, MICHAEL A 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920</b>	7. Name and Address of New Registered Agent Name <b>Jacqueline McPhillips</b> Street Address (P.O. Box Number is Not Acceptable) <b>5505 N. Atlantic Ave., #115</b> City <b>Cocoa Beach</b> <b>FL</b> Zip Code <b>32931</b>
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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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPST</b>	<input type="checkbox"/> Delete <b>MCPHILLIPS, JACQUELINE</b> STREET ADDRESS <b>450 CHALLENGER ROAD</b> CITY-ST-ZIP <b>CAPE CANAVERAL FL</b>	TITLE <b>D/P/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>McPhillips, Jacqueline</b> STREET ADDRESS <b>5505 N. Atlantic Ave., #115</b> CITY-ST-ZIP <b>Cocoa Beach, FL 32931</b>
TITLE <b>VD</b>	<input type="checkbox"/> Delete <b>MCPHILLIPS, MICHAEL</b> STREET ADDRESS <b>450 CHALLENGER ROAD</b> CITY-ST-ZIP <b>CAPE CANAVERAL FL 32920</b>	TITLE <b>D/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>McPhillips, Michael</b> STREET ADDRESS <b>5505 N. Atlantic Ave., #115</b> CITY-ST-ZIP <b>Cocoa Beach, FL 32931</b>
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete <b>HARTMAN, MICHAEL</b> STREET ADDRESS <b>450 CHALLENGER ROAD</b> CITY-ST-ZIP <b>CAPE CANAVERAL FL 32920</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>COLVARD, ALISON</b> STREET ADDRESS <b>450 CHALLENGER ROAD</b> CITY-ST-ZIP <b>CAPE CANAVERAL FL 32920</b>	TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Colvard, Alison Kerr-Hull</b> STREET ADDRESS <b>5505 N. Atlantic Ave., #115</b> CITY-ST-ZIP <b>Cocoa Beach, FL 32931</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jacqueline McPhillips* 1-17-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)