

2001 UNIFORM BUSINESS REPORT (UBR)

0079710

DOCUMENT # P95000023432

1. Entity Name

HERITAGE PARTNERS GROUP XIX, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB - 5 AM 11:22

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3340302

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XX

\$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)

200003631747--0
-02/02/01--01138--013
****158.75 ****158.75

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒ XX

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	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	5505 N ATLANTIC AVE #115	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, MICHAEL	
STREET ADDRESS	5505 N ATLANTIC AVE #115	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLVARD, ALISON	
STREET ADDRESS	5505 N ATLANTIC AVE #115	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal Harding	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Kincaid	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-23-01

Date

(321) 799-4090

Daytime Phone #

CR2E034 (10/00)