

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037689

1. Entity Name

HERITAGE COMMUNICATIONS CORPORATION

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90082 003 ***150.00

008055

Principal Place of Business
1600 WEST EAU GALLIE BLVD.
#201
MELBOURNE FL 32935

Mailing Address
1600 WEST EAU GALLIE BLVD.
#201
MELBOURNE FL 32935

A0041798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3314405**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POTTER, WILLIAM C
POTTER, MCCLELLAND, MARKS, & HEALY P.A.
700 S. BABCOCK ST., #400
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARRAWAY, JAMES D	
STREET ADDRESS	3820 RIVERSIDE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ALLEN	
STREET ADDRESS	1500 PARAGON ROAD, SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TOLLEY, WILLIAM R	
STREET ADDRESS	4250 PINWOOD ROAD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WARDON, NANCY	
STREET ADDRESS	170 SEAVIEW STREET	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Carraway, Jessie J.	
CITY-ST-ZIP	4308 Wildwood Drive Ayden, NC 28513	
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: William R. Tolley 3/8/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)