

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038236

1. Entity Name

HECK AGENCY CORP.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90090 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1858 RINGLING BLVD  
SARASOTA FL 34236  
US

1858 RINGLING BLVD  
SARASOTA FL 34236-5917  
US

2. Principal Place of Business

2100 S. TAMMIAMI TRAIL

3. Mailing Address

2100 S. TAMMIAMI TRAIL

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34239

Country

USA

Zip

34239

Country

USA

6. Name and Address of Current Registered Agent

GLENDINNING, RENE M  
1858 RINGLING BLVD  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

MARGARET SHOAF

Street Address (P.O. Box Number is Not Acceptable)

2100 S. TAMMIAMI TRAIL, SUITE 200

City

SARASOTA

FL

Zip Code

34239

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-08-00

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE ☐ Delete  
NAME DPT  
STREET ADDRESS HECK, FRITZ-JURGEN  
CITY-ST-ZIP 3151 BAYOU SOUND  
LONGBOAT KEY FL

TITLE ☐ Delete  
NAME DVS  
STREET ADDRESS HECK, CARMEN M  
CITY-ST-ZIP 3151 BAYOU SOUND  
LONGBOAT KEY FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* (HECK) PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/2000

Date

(941) 366-9200

Daytime Phone #

CR2E034 (9/99)