

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047967

1. Entity Name

HERITAGE INVESTMENTS OF SARASOTA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90100 016 ***150.00

Principal Place of Business

2537 BEE RIDGE ROAD
SARASOTA FL 34239

Mailing Address

2537 BEE RIDGE ROAD
SARASOTA FL 34239-6414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0605063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARDEAIS, NICHOLAS P JR., ESQ
2033 MAIN STREET
#100
SARASOTA FL 34237

Name

Nicholas P. Sardelis, Jr.

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

2033 Main St., Suite 100

City

Sarasota,

FL

Zip Code

34237

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

NICHOLAS P. SARDEAIS, JR.

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS
CITY - ST - ZIP

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2537 BEE RIDGE ROAD
SARASOTA FL 34239

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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

Date 3/9/2000 Daytime Phone #

PRESIDENT

941/927.8447

CR20004 10/00