

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90220 001 *7,778.75

DOCUMENT # P95000061152

1. Entity Name

HERITAGE PARTNERS GROUP XXV, INC.

Principal Place of Business

Mailing Address

**450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920****450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226**

2. Principal Place of Business

3. Mailing Address

5505 N. Atlantic Ave.**5505 N. Atlantic Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115**115**

City & State

City & State

Cocoa Beach, FL**Cocoa Beach, FL**

Zip

Zip

Country

Country

32931**USA****32931****USA**

4. FEI Number

59-3328555

Applied For

Not Applicable

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

Name

Jacqueline McPhillips

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

5505 N. Atlantic Ave., #115

City

Cocoa Beach,**FL**Zip Code
32931

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.
(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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST MCPHILLIPS, JACQUELINE 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T McPhillips, Jacqueline 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCPHILLIPS, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V McPhillips, Michael 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTMAN, MICHAEL 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLVARD, ALISON 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Colvard, Alison Kerr-Hull 5505 N. Atlantic Ave., #115 Cocoa Beach, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)