

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087343

1. Entity Name

HERITAGE PARTNERS GROUP XXVI, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90243 001 *2,381.25

Principal Place of Business

450 CHALLENGER RD.
CAPE CANAVERAL FL 32920

Mailing Address

450 CHALLENGER RD.
CAPE CANAVERAL FL 32920-4226

0004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5505 N. Atlantic Ave.

3. Mailing Address

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

Zip

32931

Country

USA

4. FEI Number

59-3401090

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, MICHAEL A
450 CHALLENGER RD.
CAPE CANAVERAL FL 32920

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 State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MCPHILLIPS, JACQUELINE
450 CHALLENGER RD
CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MCPHILLIPS, MICHAEL
450 CHALLENGER RD.
CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HARTMAN, MICHAEL
450 CHALLENGER RD.
CAPE CANAVERAL FL 32920 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
COLVARD, ALISON K
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/S/T
McPhillips, Jacqueline
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V
McPhillips, Michael
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Colvard, Alison Kerr-Hull
5505 N. Atlantic Ave., #115
Cocoa Beach, FL 32931 ☒ Change ☐ Addition

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

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