

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90220 001 *7,778.75

DOCUMENT # P96000023662

1. Entity Name
HERITAGE FACILITIES, INC.

Principal Place of Business Mailing Address
 100 CHALLENGER ROAD 450 CHALLENGER ROAD
 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-4226

11258



DO NOT WRITE IN THIS SPACE

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 Country Zip Country
32931 **USA** **32931** **USA**

4. FEI Number Applied For
59-3401721 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 ROAD
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 State Zip Code
Cocoa Beach **FL** **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 *Jacqueline McPhillips* DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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	DP	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, MICHAEL F	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, MICHAEL	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLVARD, ALISON	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPhillips, Michael	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	D/V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPhillips, Jacqueline	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colvard, Alison Kerr-Hull	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
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: *Jacqueline McPhillips* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)