

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90220 001 \*7,778.75

**DOCUMENT # P96000023663**

1. Entity Name

**HERITAGE RIVERS BEND GROUP, INC.**

Principal Place of Business

Mailing Address

**450 CHALLENGER ROAD  
 CAPE CANAVERAL FL 32920**

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

- 11259

2. Principal Place of Business

**5505 N. Atlantic Ave.**

3. Mailing Address

**5505 N. Atlantic Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**115**

**115**

City & State

**Cocoa Beach, FL**

City & State

**Cocoa Beach, FL**

4. FEI Number

**59-3367666**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

Zip

**32931**

Country

**USA**

Zip

**32931**

Country

**USA**

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

**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

**1-24-00**

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

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	P HARTMAN, MICHAEL A 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 K-H 450 CHALLENGER RD 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 #

**1-24-00**

CR2E034 (9/99)