FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State DOCUMENT # **P96000023664** HERITAGE PARTNERS GROUP XXVIII, INC. 05-04-2000 90220 001 *7,778.75 Principal Place of Business Mailing Address 450 CHALLENGER ROAD CC CHALLENGER ROAD CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-4226 11260 2. Principal Place of Business 3. Mailing Address 5505 N. Atlantic Ave. 5505 N. Atlantic Ave. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 115 115 Applied For City & State City & State 4. FEI Number 59-3367674 Cocoa Beach, FL Cocoa Beach, FL Not Applicable Country Zip **\$8.75** Additional XX 5. Certificate of Status Desired 32931 USA Fee Required 32931 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jacqueline McPhillips HARTMAN, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 5505 N. Atlantic Ave., #115 **450 CHALLENGER ROAD** CAPE CANAVERAL FL ^z32931 Cocoa Beach of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement SIGNATUR DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. D/P/S/T CR2E034 (9/99) DPST ☐ Addition Delete TITLE McPhillips, Jacqueline MCPHILLIPS, JACQUELINE NAME NAME 5505 N. Atlantic Ave., #115 **450 CHALLENGER ROAD** STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-ZIP Cocoa Beach, FL CITY-ST-ZIP 32931 X Change ☐ Delete Addition TITLE MCPHILLIPS, MICHAEL NAME NAME McPhillips, Michael **450 CHALLENGER ROAD** STREET ADDRESS STREET ADDRESS 5505 N. Atlantic Ave., #115 CAPE CANAVERAL FL 32920 CITY-ST-ZIP CITY-ST-ZIP Cocoa Beach, FL 32931 Change Addition Delete TITLE HARTMAN, MICHAEL NAME NAME STREET ADORESS 450 CHALLENGER ROAD STREET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-ZIP CITY-ST-ZIP TY Change ☐ Addition TITLE Delete TITLE Colvard, Alison Kerr-Hull COLVARD, ALISON NAME NAME 5505 N. Atlantic Ave., #115 450 CHALLENGER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 Cocoa Beach, FL 32931 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: 1-17-00

Daytime Phone #