

# 2001 UNIFORM BUSINESS REPORT (UBR)

0060082

DOCUMENT # P96000023664

1. Entity Name

HERITAGE PARTNERS GROUP XXVIII, INC.

Principal Place of Business

5505 N ATLANTIC AVE  
#115  
COCOA BEACH FL 32931

Mailing Address

5505 N ATLANTIC AVE  
#115  
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3367674

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE  
5505 N ATLANTIC AVE  
#115  
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☒ XX

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 DPST ☐ Delete  
NAME MCPHILLIPS, JACQUELINE  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE DV ☐ Delete  
NAME MCPHILLIPS, MICHAEL  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE V ☐ Delete  
NAME COLVARD, ALISON  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*James Kincaid, VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01  
Date

Daytime Phone #

FILED

01 MAR 26 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)