

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90174 043 ***150.00

DOCUMENT # P96000040337

1. Entity Name
HERITAGE HOTEL CORP.



Principal Place of Business
4401 VINELAND ROAD
SUITE A 16-17
ORLANDO FL 32811

Mailing Address
4401 VINELAND ROAD
SUITE A 16-17
ORLANDO FL 32811

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 **59-3391074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, BYRD F JR.
301 EAST PINE STREET
STE 1200
ORLANDO FL 32801

Name

Greg Wright

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

4401 Vineland Rd suite A-16

City

FL

Zip Code
32811

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

Greg Wright

1/15/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MCINTYRE, THOMAS E**
STREET ADDRESS **2250 N ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Change ☐ Addition
NAME **McIntyre, Thomas E.**
STREET ADDRESS **4401 Vineland Rd suite A-16**
CITY-ST-ZIP **Orlando, FL 32811**

TITLE **D** ☐ Delete
NAME **WALKER, LARRY K**
STREET ADDRESS **2250 N ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☒ Change ☐ Addition
NAME **WALKER, LARRY K**
STREET ADDRESS **4401 Vineland Rd suite A-16**
CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **WILSON, CHARLES H SR**
STREET ADDRESS **2533 BUTLER BAY DR N,**
CITY-ST-ZIP **WINDERMERE, FL 33476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tom McIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)