

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90073 046 ***158.75

DOCUMENT # P96000067394

1. Entity Name
HERITAGE PARTNERS GROUP VII, 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3193857		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH FL 32931				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 _____ (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. <input checked="" type="checkbox"/> (See criteria on back)	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPST	<input type="checkbox"/> Delete		TITLE	D/C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCPHILLIPS, JACQUELINE			NAME	Neal Harding		
STREET ADDRESS	5505 N ATLANTIC AVE #115			STREET ADDRESS	5505 N. Atlantic Ave., #115		
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP	Cocoa Beach, FL 32931		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	D/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCPHILLIPS, MICHAEL			NAME	James Kincaid		
STREET ADDRESS	5505 N ATLANTIC AVE #115			STREET ADDRESS	5505 N. Atlantic Ave., #115		
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP	Cocoa Beach, FL 32931		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLVARD, ALISON K			NAME			
STREET ADDRESS	5505 N ATLANTIC AVE #115			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **4-25-01** Daytime Phone #: **(321) 799-4080**

CR2E034 (10/00)