

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90220 001 *7,778.75

DOCUMENT # P96000082510

1. Entity Name

HERITAGE CEDAR POND, INC.

Principal Place of Business

Mailing Address

**450 CHALLENGER ROAD
 CAPE CANAVERAL FL 32920**

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

111111

2. Principal Place of Business

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

3. Mailing Address

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

4. FEI Number

59-3403294

Applied For

Not Applicable

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

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

1-14-00

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

| | | |
|----------------|-------------------------|--|
| TITLE | DPST | <input type="checkbox"/> Delete |
| NAME | MCPHILLIPS, JACQUELINE | |
| STREET ADDRESS | 450 CHALLENGER ROAD | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | HARTMAN, MICHAEL | |
| STREET ADDRESS | 450 CHALLENGER ROAD | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | COLVARD, ALISON | |
| STREET ADDRESS | 450 CHALLENGER ROAD | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | D/P/S/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | McPhillips, Jacqueline | |
| STREET ADDRESS | 5505 N. Atlantic Ave., #115 | |
| CITY-ST-ZIP | Cocoa Beach, FL 32931 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Colvard, Alison Kerr-Hull | |
| STREET ADDRESS | 5505 N. Atlantic Ave., #115 | |
| CITY-ST-ZIP | Cocoa Beach, FL 32931 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (9/99)

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 #

1-14-00