

2001 UNIFORM BUSINESS REPORT (UBR)

0079768

DOCUMENT # P97000092550

1. Entity Name

HERITAGE PARTNERS GROUP XXXIII, 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

FILED

01 FEB 15 AM 11:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3535747

Applied For

Not Applicable

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

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)

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003757765-2
-02/23/01--01038--005
****476.25 ****158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
\$158.75

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

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

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 #

CR2E034 (10/00)