

Apr 25 01 04:05p Mark Harrison

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90028 029 ***150.00

DOCUMENT # **P97000100827**

1. Entity Name

HERITAGE CONSERVATION COMPANY

Principal Place of Business

Mailing Address

C0062972

2. Principal Place of Business

2200 LUCIEN WAY, STE 350

3. Mailing Address

15330 SE 55TH PL. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

OCKLAWANA, FL

Zip

Country

Zip

Country

4. FEI Number

59-3488006

Applicable Fee

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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 date if applicable)

(NOTE: Registered Agent's signature must be attached to this report)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT- SECY/TREAS.
WILLIAM T. BAKER
15330 SE 55TH PL. Rd.
OCKLAWANA, FL. 32179

☐ Delete

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

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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

EXPIRATION DATE

William T. Baker, PRES. WILLIAM T. BAKER. 4/27/01

CR2E034 (11/00)