

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90140 011 ***150.00

DOCUMENT # P98000028669

1. Entity Name

HEINZ ENTERPRISES, INC.

Principal Place of Business

**1001 NORTH MAGNOLIA AVE.
 Ocala FL 34475**

Mailing Address

**1001 NORTH MAGNOLIA AVE.
 Ocala FL 34474-1910**

2. Principal Place of Business

3159 SW FIFTH ST
 Suite, Apt. #, etc.

3. Mailing Address

3159 SW FIFTH ST
 Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL.

4. FEI Number

59-3501095

Applied For

Not Applicable

Zip

Country

34474

Zip

Country

34474

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HEINZ, JOHN L
 1001 NORTH MAGNOLIA
 Ocala FL 34475**

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, 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	CEO	<input type="checkbox"/> Delete
NAME	HEINZ, JACK	
STREET ADDRESS	1001 NORTH MAGNOLIA AVE.	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEEDHAM, PAT	
STREET ADDRESS	1001 NORTH MAGNOLIA AVE.	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEINZ, JON	
STREET ADDRESS	1001 NORTH MAGNOLIA AVE.	
CITY-ST-ZIP	OCALA FL 34475	
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	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE ROACH	
STREET ADDRESS	44 N. WALKUP	
CITY-ST-ZIP	CRYSTAL LAKE, IL. 60014	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILFRED W HEINZ	
STREET ADDRESS	3159 SW FIFTH ST, Ocala, FL 34474	
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM A NEEDHAM	
STREET ADDRESS	3159 W 5TH ST.	
CITY-ST-ZIP	OCALA, FL, 34474	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN L. HEINZ	
STREET ADDRESS	3159 SW 5TH ST	
CITY-ST-ZIP	OCALA, FL, 34474	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONATHAN HEINZ	
STREET ADDRESS	3159 SW 5TH ST	
CITY-ST-ZIP	OCALA, FL, 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO JOHN L HEINZ

Date

Daytime Phone #

4/26/00(352) 732-6605

CR2E034 19/99