

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90081 010 ***150.00

DOCUMENT # P98000059666

1. Entity Name
HERITAGE MORTGAGE CORP.

Principal Place of Business

Mailing Address

1963 VILLAGE GREEN WAY
TALLAHASSEE FL 32308

1963 VILLAGE GREEN WAY
TALLAHASSEE FL 32308-3833

00040001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1962 Village Green Way

1962 Village Green Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL 32308

Tallahassee FL 32308

Zip

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Zip

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32308

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4. FEI Number

59-3522792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, ANNETTE M
6327 PICKNEY HILL RD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name **STEPHEN C. WILLIS, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1407 E. Piedmont Dr. Ste. B
City **Tallahassee** FL Zip **32312**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change ☐ Addition

TITLE --
NAME **P**
COX, JERRY L
STREET ADDRESS
CITY-ST-ZIP **6327 PICKNEY HILL RD**
TALLAHASSEE FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

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TITLE
NAME **S**
COX, ANNETTE M
STREET ADDRESS
CITY-ST-ZIP **6327 PICKNEY HILL RD**
TALLAHASSEE FL 32312

TITLE
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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 #

Signature: [Signature] JERRY COX 850-531-9995 3/3/00