

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074374

1. Entity Name

HERITAGE INNS CO.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90058 018 \*\*\*150.00

Principal Place of Business

Mailing Address

118 FAIRWAY DRIVE  
HAINES CITY FL 33844

118 FAIRWAY DRIVE  
HAINES CITY FL 33844-9713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3548892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAGGER, CAROLE  
3105 SANDY CIRCLE  
HAINES CITY FL 33844

Name

Street Address (P.O. Box Number is Not Acceptable)

City

HAINES 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SWAGGER, CAROLE	
STREET ADDRESS	3105 SANDY CIRCLE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BURBECK, NANCY	
STREET ADDRESS	4558 HAMPSTEAD PLACE	
CITY-ST-ZIP	LOVES PARK IL 61111	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEUSLING, KAY	
STREET ADDRESS	4760 APOLLO DRIVE	
CITY-ST-ZIP	MACHESNEY PARK IL 61115	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONATO, MARIANNE	
STREET ADDRESS	C/O MARION KLECKNER 118 FAIRWAY DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JILL	
STREET ADDRESS	4875 VALLEY ROAD	
CITY-ST-ZIP	LEVERING MI 49755	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLECKNER, GAIL	
STREET ADDRESS	C/O M. KLECKNER 118 FAIRWAY DR	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6320 Park Ridge Road	
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		
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: Carole Swagger Carole Swagger 02/01/2000 863-422-5360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)