

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074374

1. Entity Name

HERITAGE INNS CO.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90113 038 \*\*\*150.00

A0010363



DO NOT WRITE IN THIS SPACE

Principal Place of Business

118 FAIRWAY DRIVE  
HAINES CITY FL 33844

Mailing Address

118 FAIRWAY DRIVE  
HAINES CITY FL 33844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3548892**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	SWAGGER, CAROLE	3105 SANDY CIRCLE	
			HAINES CITY FL 33844	
	STB	BURBECK, NANCY	6320 PARK RIDGE RD	
			LOVES PARK IL 61111	
	VPD	MEUSLING, KAY	4760 APOLLO DRIVE	
			MACHESNEY PARK IL 61115	
	D	DONATO, MARIANNE	C/O MARION KLECKNER 118 FAIRWAY DRIVE	
			HAINES CITY FL 33844	
	D	WILSON, JILL	4875 VALLEY ROAD	
			LEVERING MI 49755	
	D	KLECKNER, GAIL	C/O M. KLECKNER 118 FAIRWAY DR	
			HAINES CITY FL 33844	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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)