

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079154

07-26-2000 90011 007 ***150.00

1. Entity Name

HERITAGE PROPERTIES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

c/o JOHN LETOURNEAU
4048 EAST STATE STREET
ROCKFORD, IL 61108

2. Principal Place of Business

3. Mailing Address

c/o JOHN LETOURNEAU

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4048 EAST STATE STREET

City & State

City & State

ROCKFORD, IL

Zip

Country

Zip

Country

61108

4. FEI Number

65-0867511

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

JOHNSON, DAVID A.
1935 18TH STREET
SARASOTA, FL 34234

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 obligated 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 \$350.00

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

D
JOHNSON, DAVID A.
1935 18TH STREET
SARASOTA, FL 34234

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LETOURNEAU, JOHN C.
4048 EAST STATE STREET
ROCKFORD, IL 61108

Delete

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Change 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:

John C. Letourneau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. LETOURNEAU 6-21-00 (815)398-9881

Date

Daytime Phone #

CR2E034 (9/99)