

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087157

1. Entity Name

HERITAGE ORCHARDS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90220 001 *7,778.75

Principal Place of Business

Mailing Address

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226

2. Principal Place of Business

4250 Alafaya Trail

3. Mailing Address

4250 Alafaya Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212-330

212-330

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

USA

Zip

32765

Country

USA

4. FEI Number

59-3557470

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTMAN, MICHAEL A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

Name

David Skrocki

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

4250 Alafaya Trail

#212-330

City

Oviedo

FL

Zip Code
32765

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 file 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 DPTS
NAME MCPHILLIPS, JACQUELINE ☒ Delete
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☐ Change ☒ Addition
NAME Vermales, Pedro E.
STREET ADDRESS 4250 Alafaya Trail #212-330
CITY-ST-ZIP Oviedo, FL 32765

TITLE DV ☒ Delete
NAME MCPHILLIPS, MICHAEL
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☐ Change ☒ Addition
NAME Fleming, Randall E.
STREET ADDRESS 4250 Alafaya Trail #212-330
CITY-ST-ZIP Oviedo, FL 32765

TITLE V ☒ Delete
NAME HARTMAN, MICHAEL A
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☐ Change ☒ Addition
NAME Skrocki, David
STREET ADDRESS 4250 Alafaya Trail #212-330
CITY-ST-ZIP Oviedo, FL 32765

TITLE V ☒ Delete
NAME COLVERT, F.K.
STREET ADDRESS 450 CHALLENGER ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)