

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90031 044 \*\*\*150.00

**DOCUMENT # P98000099739**

1. Entity Name  
**HERITAGE HOLDINGS OF NAPLES, INC.**

Principal Place of Business  
**1820 PONDSIDE LANE**  
**NAPLES FL 34109**

Mailing Address  
**1820 PONDSIDE LANE**  
**NAPLES FL 34109**

2. Principal Place of Business

**1691 MANCHESTER LN**  
 Suite, Apt. #, etc.

3. Mailing Address

**1691 MANCHESTER LN**  
 Suite, Apt. #, etc.

City & State  
**NAPLES, FL**

Zip  
**34109**

Country  
**USA**

City & State  
**NAPLES, FL 34109**

Zip  
**34109**

Country  
**USA**

4. FEI Number **36-3504871**

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

**WROBLEWSKI, RONALD T**  
**1820 PONDSIDE LANE**  
**NAPLES FL 34109**

Name

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

**1691 MANCHESTER LANE**  
 City **NAPLES** FL Zip Code **34109**

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 **RONALD T. WROBLEWSKI**  
 Signature, typed or printed name of registered agent and title if applicable.

**2-07-01**  
 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          | <b>D</b>                                     | <input type="checkbox"/> Delete |
| NAME           | <b>WROBLEWSKI, RONALD T</b>                  |                                 |
| STREET ADDRESS | <b>1820 PONDSIDE LANE 1691 MANCHESTER LN</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL 34109</b>                       |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| 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    |  |   |
| 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: **RONALD T. WROBLEWSKI**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-07-01 941-594-8152**  
 Date Daytime Phone #

CR2E034 (10/00)