

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010316

1. Entity Name

DOVE HERITAGE GROUP, INC.

8/

FILED

Sep 12, 2000 8:00 am
Secretary of State

08-21-2000 90210 030 ***550.00

Principal Place of Business

Mailing Address

8 BELLEVUE BOULEVARD
SUITE 402
BELLEAIR FL 33756

8 BELLEVUE BOULEVARD
SUITE 402
BELLEAIR FL 33756-1968

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

52-2165405

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

HAYES, JAMES P
8 BELLEVUE BOULEVARD
SUITE 402
BELLEAIR FL 33756

Name: WILLIAM NASH

Street Address (P.O. Box Number is Not Acceptable) 8 BELLEVUE BLVD. #402

City BELLEAIR

FL

Zip Code 33756

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 WILLIAM NASH V.P.

William Nash

2-9-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents 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 V.P.	<input type="checkbox"/> Delete
NAME	NASH, WILLIAM	
STREET ADDRESS	8 BELLEVUE BOULEVARD	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MICHAEL NASH	
STREET ADDRESS	14 GRAND VIEW	
CITY-ST-ZIP	STAUNTON VA. 24401	
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
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
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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:

William Nash

2-9-2000 727-461-1189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)