

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000030638****1. Entity Name**
HERITAGE BAY REALTY, INC.**Principal Place of Business**
4087 SPRING LAKE HWY.
BROOKSVILLE FL 34602**Mailing Address**
4087 SPRING LAKE HWY.
BROOKSVILLE FL 34602**2. Principal Place of Business****12545 SPRING HILL DR****3. Mailing Address****PO Box 152814**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Spring Hill, FL**City & State**
TAMPA, FL**Zip**
34609**Zip**
33684**Country****4. FEI Number** **59-3570727****Applied For****Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****VALDES, RICARDO**
4087 SPRING LAKE HWY.
BROOKSVILLE FL 34602**7. Name and Address of New Registered Agent****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** Ricardo Valdes RICARDO VALDES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)2 Jan 2001
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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
VALDES, RICARDO
4087 SPRING LAKE HWY
BROOKSVILLE FL 34602 ☐ **Delete****TITLE**
NAME
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CITY-ST-ZIP ☐ **Delete****TITLE**
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CITY-ST-ZIP ☐ **Delete****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition****TITLE**
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CITY-ST-ZIP ☐ **Change** ☐ **Addition****TITLE**
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CITY-ST-ZIP ☐ **Change** ☐ **Addition****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **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:** Ricardo Valdes RICARDO VALDES 2 JAN 01 (352) 608 7448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90009 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)