

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90007 033 \*\*\*150.00

0413406  
 AN

**DOCUMENT # P99000036177**

**1. Entity Name**  
**HERITAGE BANK OF FLORIDA**

**Principal Place of Business**  
**23000 STATE ROAD 54**  
**LUTZ FL 33549**

**Mailing Address**  
**23000 STATE ROAD 54**  
**LUTZ FL 33549**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**4. FEI Number** **59-3578825**

Applied For  
 Not Applicable

Zip Country

Zip Country

**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**

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 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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ Delete  
**NAME** **ADAMS, RICHARD E**  
**STREET ADDRESS** **3615 LITTLE ROAD**  
**CITY-ST-ZIP** **LUTZ FL 33549**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Kemp, Jeffrey**  
**STREET ADDRESS** **10405 Reclinata Lane**  
**CITY-ST-ZIP** **Tampa, FL 33618**

**TITLE** **CD** ☐ Delete  
**NAME** **ADCOCK, JOHN L**  
**STREET ADDRESS** **16104 SONSOLES DE AVILA**  
**CITY-ST-ZIP** **TAMPA FL 33613**

**TITLE** **Vs** ☐ Change ☒ Addition  
**NAME** **Simmons, Aston M.**  
**STREET ADDRESS** **11004 Sailbrooke Dr.**  
**CITY-ST-ZIP** **Riverview, FL 33569**

**TITLE** **D** ☐ Delete  
**NAME** **CLARK, BYRON E**  
**STREET ADDRESS** **4242 GOLF CLUB LN**  
**CITY-ST-ZIP** **TAMPA FL 33624**

**TITLE** **V** ☐ Change ☒ Addition  
**NAME** **Flowers, Donna G.**  
**STREET ADDRESS** **8703 River Forest Cr**  
**CITY-ST-ZIP** **Tampa, FL 33604**

**TITLE** **D** ☐ Delete  
**NAME** **MARTINEZ, NELSON JR**  
**STREET ADDRESS** **3904 FLOYD ROAD**  
**CITY-ST-ZIP** **TAMPA FL 33624**

**TITLE** **V** ☐ Change ☒ Addition  
**NAME** **Stalvey, James R.**  
**STREET ADDRESS** **8069 Delaware Dr.**  
**CITY-ST-ZIP** **Spring Hill, FL 34607**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Brooks, Dr. J. Roy**  
**STREET ADDRESS** **18975 Crooked Lane**  
**CITY-ST-ZIP** **Lutz, FL 33549**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Hobby, H Clyde**  
**STREET ADDRESS** **6190 Seaside Dr.**  
**CITY-ST-ZIP** **New Port Richey, FL 34652**

**13. I hereby certify that the information supplied with this report 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

Aston Simmons

2/22/02

813-909-8663

Date

Daytime Phone #

CR2E034 (9/01)