

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056603

1. Entity Name  
HERITAGE PROPERTY MANAGEMENT, INC.

Principal Place of Business  
229 TALLEY DRIVE  
PALM HARBOR FL 34684

Mailing Address  
229 TALLEY DRIVE  
PALM HARBOR FL 34684

2. Principal Place of Business

3974 TAMPA RD  
Suite, Apt. #, etc.  
C

3. Mailing Address

3974 TAMPA RD.  
Suite, Apt. #, etc.  
C

City & State  
OLDSMAR FL

City & State  
OLDSMAR FL

Zip Country  
34677 USA

Zip Country  
34677 USA

4. FEI Number 59-3591328

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

CIANFRONE, JOSEPH R  
1968 BAYSHORE BLVD.  
DUNEDIN FL 34698

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS GALBRAITH, CHARLA J  
CITY-ST-ZIP 229 TALLEY DRIVE  
PALM HARBOR FL 34684-4653

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  
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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

4/11/01

Date

813-925-8874

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE