

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080110

1. Entity Name

HERITAGE FUNDING AND DEVELOPMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90100 043 ***150.00

Principal Place of Business

Mailing Address

5679 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33413

5679 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33413-1862

2. Principal Place of Business

4535 SOUTHERN BLVD.

3. Mailing Address

4535 SOUTHERN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0977-370

Applied For

Not Applicable

Zip

33415

Country

FLA BEACH

Zip

33415

Country

PALM BEACH

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

KOELLE, WILLIAM F
5679 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33413

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
William F Koelle
4535 SOUTHERN BLVD
WEST PALM BEACH, FL 33415

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

William F Koelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 24, 2000 543 7380

Daytime Phone #

CR2E034 (9/99)