

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90409 047 ***558.75

0474067

DOCUMENT # S08142

1. Entity Name

THE HEIDRICH CORPORATION

Principal Place of Business

260 MAITLAND AVE.
 SUITE 100
 ALTAMONTE SPRINGS FL 32701
 US

Mailing Address

P.O. BOX 151059
 ALTAMONTE SPRINGS FL 32715-1059
 US

R0057954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 151059

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Altamonte Springs,

4. FEI Number **59-3042680**

Applied For
 Not Applicable

Zip

Country

Zip

32715-1059

Country

USA

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

HEIDRICH, FRANCIS X. (Type in name)
 260 MAITLAND AVE.
 STE 1000
 ALTAMONTE SPRINGS FL 32701

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 PD ☐ Delete
 NAME HEIDRICH, FRANCIS X.
 STREET ADDRESS 260 MAITLAND AVE., STE. 1000
 CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~XXXXXXXXXXXXXXXXXXXX~~ ☒ Delete
 NAME ~~HEIDRICH, FRANCIS X.~~
 STREET ADDRESS ~~260 MAITLAND AVE., STE. 1000~~
 CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~XXXXXXXXXXXXXXXXXXXX~~ ☒ Delete
 NAME ~~BURBRIDGE, MICHAEL X.~~
 STREET ADDRESS ~~260 MAITLAND AVE., STE. 1000~~
 CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V ☐ Delete
 NAME HEIDRICH, H. JOSEPH IV
 STREET ADDRESS 260 MAITLAND AVE., STE. 1000
 CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME HEIDRICH, RACHEL I.
 STREET ADDRESS 260 MAITLAND AVE., STE. 1000
 CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☒ Change ☐ Addition
 NAME Secretary/Treasurer
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~XXXXXXXXXXXXXXXXXXXX~~ ☒ Delete
 NAME ~~BURBRIDGE, LUCIA X.~~
 STREET ADDRESS ~~260 MAITLAND AVE., STE. 1000~~
 CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL~~

TITLE ☐ Change ☐ 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: *Francis X. Heidrich* Francis X. Heidrich 5/8/01 407-644-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)