

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S22960**

1. Entity Name

HERITAGE AMERICA CORP.

Principal Place of Business

Mailing Address

450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920
US450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226
US

2. Principal Place of Business

5505 N. Atlantic Ave.

3. Mailing Address

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

115

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip
32931Country
USAZip
32931Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3115569**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HARTMAN, MICHAEL A**
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920**7. Name and Address of New Registered Agent**

Name

Jacqueline McPhillips

Street Address (P.O. Box Number is Not Acceptable)

5505 N. Atlantic Ave., #115

City

Cocoa Beach,

FL

Zip Code
32931

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	CVD	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, MICHAEL F	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	FLEMING, RANDALL M	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, MICHAEL	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLVARD, ALISON	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPhillips, Michael	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPhillips, Jacqueline	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fleming, Randall	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colvard, Alison Kerr-Hull	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #