

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90089 001 \*\*\*300.00

10977



DO NOT WRITE IN THIS SPACE

**DOCUMENT # S36915**

1. Entity Name

**AMERICAN HERITAGE ENTERPRISES INCORPORATED**

Principal Place of Business

Mailing Address

2655 NORTH OCEAN DR.  
 SUITE 500  
 SINGER ISLAND FL 33404

2655 NORTH OCEAN DR.  
 SUITE 500  
 SINGER ISLAND FL 33404-4793

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0243839

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

Linda K. Engel

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

City

FL

Zip Code

~~ENGEL, LINDA K.~~

2655 NORTH OCEAN DR.  
 SUITE 500  
 SINGER ISLAND FL 33404

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 Linda K. Engel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/04/00

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WIITA, B. BRIAN**  
 CITY-ST-ZIP **2655 NORTH OCEAN DR.**  
**SINGER ISLAND FL 33404**

TITLE ☒ Change ☐ Addition  
 NAME **Vice President & Secretary**  
 STREET ADDRESS **Linda K. Engel**  
 CITY-ST-ZIP **2655 N. Ocean Dr. Suite 500**  
**Singer Island, FL 33404**

TITLE ☐ Delete  
 NAME **SV**  
 STREET ADDRESS **MARTIN, LEE**  
 CITY-ST-ZIP **2655 NORTH OCEAN DR.**  
**SINGER ISLAND FL 33404**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **ENGEL, LINDA K.**  
 CITY-ST-ZIP **2655 NORTH OCEAN DR.**  
**SINGER ISLAND FL 33404**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

Brian Wiita

4/4/00 561-844-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)