

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 30, 2000 08:00 AM
Secretary of State

DOCUMENT # V01997

1. Entity Name
HERITAGE HOTEL HOLDING COMPANY

Principal Place of Business PO BOX 15707 ST PETERSBURG FL 33733 US	Mailing Address PO BOX 15707 ST PETERSBURG FL 33733 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-3099782

Applied For	
Not Applicable	

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELANO, G KRISTIN
360 CENTRAL AVE

ST PETERSBURG FL 33701 US

7. Name and Address of New Registered Agent

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 _____ DATE **03/30/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELANO G. KRISTIN			NAME	DELANO G. KRISTIN		
STREET ADDRESS	360 CENTRAL AVE			STREET ADDRESS	360 CENTRAL AVE		
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-ST-ZIP	ST. PETERSBURG FL 33701		
TITLE	DST	<input type="checkbox"/> Delete		TITLE	DST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, SCOT E.			NAME	MOORE SCOT E		
STREET ADDRESS	360 CENTRAL AVENUE			STREET ADDRESS	360 CENTRAL AVENUE		
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-ST-ZIP	ST. PETERSBURG FL 33701		
TITLE	D/P	<input type="checkbox"/> Delete		TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUBAKER, RICHARD M.			NAME	BRUBAKER RICHARD M		
STREET ADDRESS	360 CENTRAL AVE			STREET ADDRESS	360 CENTRAL AVE		
CITY-ST-ZIP	ST. PETERSBURG FL			CITY-ST-ZIP	ST. PETERSBURG FL 33701		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: G. KRISTIN DELANO

03/30/2000