

# 2001 UNIFORM BUSINESS REPORT (UBR)

0624755

**DOCUMENT # V01997**  
 1. Entity Name  
**HERITAGE HOTEL HOLDING COMPANY**

**FILED**

**01 APR 30 PM 6:48**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 PO BOX 15707 PO BOX 15707  
 ST PETERSBURG FL 33733 ST PETERSBURG FL 33733  
 US US

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **59-3099782** 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  
**DELANO, G KRISTIN**  
**360 CENTRAL AVE**  
**ST PETERSBURG FL 33701**

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

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>300004212593--7</b><br><b>-05/11/01 -01114--001</b><br><b>***7381.50 ****150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Snyder, David B.<br>360 Central Ave.<br>St. Petersburg, FL 33701        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TS</b> <input type="checkbox"/> Change <input type="checkbox"/> 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:** **David B. Snyder** 4/23/2001 (727) 823-4000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)