

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90083 002 ***150.00

DOCUMENT # 396682

1. Entity Name
HERITAGE PAPER COMPANY, INC.

Principal Place of Business

**P O BOX 23517
 4011 MORTON ST.
 JACKSONVILLE FL 32217**

Mailing Address

**P O BOX 23517
 4011 MORTON ST.
 JACKSONVILLE FL 32217**

00034299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1381594**

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

**PURSER, ROBERT F
 4011 MORTON ST.
 JACKSONVILLE FL 32217**

Name

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

City

State

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 (applicable)

(NOT Registered Agent signature required when re-registering)

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P PURSER, ROBERT F | NAME | |
| STREET ADDRESS | 7551 HOLLYRIDGE CIR | STREET ADDRESS | |
| CITY-STATE-ZIP | JACKSONVILLE FL 32256 | CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D MURPHREE JR, JOHN A H | NAME | |
| STREET ADDRESS | 822 NW 107TH TERR | STREET ADDRESS | |
| CITY-STATE-ZIP | GAINESVILLE FL 32604 | CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D PURSER, ROBERT F. JR. | NAME | |
| STREET ADDRESS | 10137 GOLF CLUB DR. | STREET ADDRESS | |
| CITY-STATE-ZIP | JACKSONVILLE FL 32256 | CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D POLK, SAMUEL | NAME | |
| STREET ADDRESS | 1721 GREEN ACRES DR | STREET ADDRESS | |
| CITY-STATE-ZIP | VIDALIA GA 30474 | CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D BUCKNER, JOHN H | NAME | |
| STREET ADDRESS | 4309 BLUE HERON DR | STREET ADDRESS | |
| CITY-STATE-ZIP | PONTE VEDRA BCH FL 32082 | CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-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: *Robert F. Purser Sr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 **904-737-6103**
 Date Over the Phone

CR2E034 (10/00)