

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90219 014 ***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



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 **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, 2002 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	P <input type="checkbox"/> Delete
NAME	PURSER, ROBERT F
STREET ADDRESS	7551 HOLLYRIDGE CIR
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	D <input type="checkbox"/> Delete
NAME	MURPHREE JR, JOHN A H
STREET ADDRESS	822 NW 107TH TERR
CITY-ST-ZIP	GAINESVILLE FL 32604
TITLE	D <input type="checkbox"/> Delete
NAME	PURSER, ROBERT F. JR.
STREET ADDRESS	10137 GOLF CLUB DR.
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	D <input type="checkbox"/> Delete
NAME	POLK, SAMUEL
STREET ADDRESS	1721 GREEN ACRES DR
CITY-ST-ZIP	VIDALIA GA 30474
TITLE	D <input type="checkbox"/> Delete
NAME	BUCKNER, JOHN H
STREET ADDRESS	4309 BLUE HERON DR
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082
TITLE	<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Robert F. Purser **ROBERT F. PURSER**

4-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)