

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # P94000014890**

1. Entity Name  
**HERITAGE DEVELOPMENT SOUTH, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

02 JAN 23 PM 4:55

Principal Place of Business <b>ONE HERITAGE PL., STE. 400 SOUTHGATE MI 48195</b>	Mailing Address <b>ONE HERITAGE PL., STE. 400 SOUTHGATE MI 48195</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>38-3161687</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**B & C CORPORATE SVCS. OF CENTRAL FLA., INC  
% RANDALL M. ALLIGOOD  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>PRECHTER, HEINZ C</b> <b>ONE HERITAGE PLACE, SUITE 400</b> <b>SOUTHGATE MI 48195</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>TREADWELL, DAVID</b> <b>ONE HERITAGE PLACE, SUITE 400</b> <b>SOUTHGATE MI 48195</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>KOENIG, LORI E</b> <b>ONE HERITAGE PLACE, SUITE 400</b> <b>SOUTHGATE MI 48195</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>S</b> <b>MORELLO, STEVEN J</b> <b>ONE HERITAGE PLACE, SUITE 400</b> <b>SOUTHGATE MI 48195</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D, P</b> <b>David Treadwell</b> <b>One Heritage Place, Suite 400</b> <b>Southgate, MI 48195</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D, V, S, T</b> <b>Lori Koenig</b> <b>One Heritage Place, Suite 400</b> <b>Southgate, MI 48195</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 19.07(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: SIGNATURE REQUIRED ROENIG Date: 01-14-02 Daytime Phone #: 734-246-0512

CR2E034 (9/01)