

DOCUMENT # 703142

1. Entity Name

HUGHEY FOUNDATION INC

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90004 038 ****61.25

Principal Place of Business: 205 S HOOVER ST TAMPA FL 33609
Mailing Address: 205 S HOOVER ST TAMPA FL 33609-3500

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



DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0965239
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: HUGHEY, L. M., 205 HOOVER STREET, TAMPA FL 33609

7. Name and Address of New Registered Agent (Name, Street Address, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. []

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: D FOGARTY, JOHN; PD HUGHEY, L M; D RAWLINS, WANITA; D CARTER, SHIRLEY.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

Daytime Phone #