

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


1/1

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90054 013 \*\*\*61.25

**DOCUMENT # 744510**

1. Entity Name  
**THE HASEY FOUNDATION, INC.**



Principal Place of Business  
**262 COMMERCIAL BLVD.  
LAUDERDALE BY THE SEA FL 33308**

Mailing Address  
**262 COMMERCIAL BLVD.  
LAUDERDALE BY THE SEA FL 33308**

00003747



2. Principal Place of Business  
**1877 S. FEDERAL HWY**

3. Mailing Address  
**1877 S. FEDERAL HWY**

Suite, Apt. #, etc.  
**SUITE 202**

CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33432**

Country

4. FEI Number **59-1851950**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HASEY, WILLIAM J.  
200 COMPASS DRIVE  
FT. LAUDERDALE, FL FL 33308**

7. Name and Address of New Registered Agent

Name **REGINA M. HASEY**

Street Address (P.O. Box Number is Not Acceptable)  
**1877 S. FEDERAL HWY SUITE 202**

City **BOCA RATON** FL Zip Code **33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Regina M. Hasey* **REGINA M. HASEY, PRESIDENT** DATE **1/8/2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HASEY, WILLIAM J.</b> <b>200 COMPASS DRIVE</b> <b>FT. LAUDERDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HASEY, REGINA M.</b> <b>200 COMPASS DRIVE</b> <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>HASEY, MARTIN J.</b> <b>42 N SWINTON AVE, STE 2</b> <b>DELRAY BEACH FL 33444</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SEYDEL, CATHERINE L</b> <b>4074 WINTERSSET LANE</b> <b>WEST BLOOMFIELD MI</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>1877 S. FEDERAL HWY SUITE 202</b> <b>BOCA RATON FL 33432</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Regina M. Hasey* **REGINA M. HASEY, PRESIDENT** Date **1/8/03** Daytime Phone # **561 348 5521**

CRE037 (10/02)