

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005497

1. Entity Name

HUMAN GROWTH FOUNDATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90048 040 ****61.25

Principal Place of Business 7777 LEESBURG PIKE #202 S FALLS CHURCH VA 22043	Mailing Address 7777 LEESBURG PIKE #202 S FALLS CHURCH VA 11545-1584
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 997 Glen Cove Ave. Suite, Apt. #, etc.	3. Mailing Address 997 Glen Cove Ave. Suite, Apt. #, etc.
City & State Glen Head NY	City & State Glen Head NY
Zip NY 11545 Country USA	Zip 11545 Country USA

4. FEI Number 16-0913012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEMARZO, JEANNIE 8971 NW 13TH CT. CORAL SPRINGS FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISAACSON, BARRY 3428 PARK PLACE EVANSTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKEY, JOHN 2704 HAZELWOOD AVE. DAYTON OH 45419 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOLLUM, FRANK B 9400 MISSION RD. PRAIRIE VILLAGE KS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Frank Bw McCollum Country Club Plaza, #1425 Two Brush Creek Blvd. Kansas City Mo 64112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, SHARON 2820 QUEEN ANNE AVE, N SEATTLE WA 98109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Teresa O'Leary <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Teresa O'Leary 411 Prospect Ave Sea Cliff NY 11578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Stephen Kemp, MD Arkansas Childrens Hospital 800 Marshall St. Little Rock AZ 72202 <input type="checkbox"/> Change <input checked="" 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)