

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90093 045 ****61.25

DOCUMENT # **N24573** ✓

1. Entity Name

HCF FOUNDATION, INC

Principal Place of Business

P.O. BOX 3636
WINTER PARK, FL
32790-3636 USA

Mailing Address

P.O. BOX 3636
WINTER PARK, FL
32790-3636 USA

2. Principal Place of Business

P.O. BOX 3636
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3636
 Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-2943384

Applied For

Not Applicable

Zip

32790-3636

Country

USA

Zip

32790-3636

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0029706

6. Name and Address of Current Registered Agent

JEFFREY B. COWHERD
945 S. ORANGE AVENUE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name **JEFFREY B. COWHERD**
 Street Address (P.O. Box Number is Not Acceptable)
945 S. ORANGE AVENUE
 City **ORLANDO** FL **32806**

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

2/26/01

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 T	T	☐ Delete
NAME	RUFFIER, DANIEL E.	
STREET ADDRESS	200 E. NEW ENGLAND	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE T	T	☐ Delete
NAME	SNIVELY, STEPHEN W.	
STREET ADDRESS	2 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE T	T	☐ Delete
NAME	ARKIN, GORDON J.	
STREET ADDRESS	111 N. ORANGE AVE	
CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE T	T	☐ Delete
NAME	REYNER, JOSEPH E.	
STREET ADDRESS	1031 W. MORSE BLVD, #150	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE T	T	☐ Delete
NAME	KOPKE, GALLY	
STREET ADDRESS	301 NE IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE T	T	☐ Delete
NAME	TRIBBLE, WILHELMINA	
STREET ADDRESS	8117 CANYON LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32835	

TITLE P	PRESIDENT	☐ Change ☐ Addition
NAME	JEFFREY B. COWHERD	
STREET ADDRESS	945 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE V	VICE PRESIDENT	☐ Change ☐ Addition
NAME	JEFF SANDERS	
STREET ADDRESS	20 N. ORANGE AVE, STE 1300	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE T	TREASURER	☐ Change ☒ Addition
NAME	FRANK POHL, ESQ	
STREET ADDRESS	280 W. CANTON AVE, STE 40	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE S	NATASHA ROUSSMAN	☐ Change ☐ Addition
NAME	9416 FITZDOOTH DR.	
STREET ADDRESS	WINTER PARK, FL 32792	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey B. Cowherd **2/26/01**

Date

Daytime Phone

CR2E037 (11/00)