

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90058 021 \*\*\*\*61.25

0008348

**DOCUMENT # N98000004454**

1. Entity Name

**REID B. HUGHES FOUNDATION FOR ENVIRONMENTAL LEAD**

Principal Place of Business

Mailing Address

~~724 SOUTH BEACH ST. SUITE 1~~  
~~DAYTONA BEACH FL 32114~~

~~724 SOUTH BEACH ST. SUITE 1~~  
 DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

**433 SILVER BEACH AVE**

**PO BOX 590**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**102**

City & State

City & State

**Daytona Beach FL**

**Daytona Beach FL**

Zip

Zip

**32118**

**32115**

Country

Country

**FLORIDA**

**FLORIDA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMETTO CHARTER SERVICES, INC.**  
**150 MAGNOLIA AVE**  
**DAYTONA BEACH FL 32114**

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

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

TITLE **D** ☐ Delete  
 NAME **HUGHES, REID B SR**  
 STREET ADDRESS **724 SOUTH BEACH STREET, STE. 1**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Delete  
 NAME **VENCILL, MARY E**  
 STREET ADDRESS **724 SOUTH BEACH STREET, STE. 1**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Delete  
 NAME **BIDGOOD, LEE JR**  
 STREET ADDRESS **310 QUAY ASSISI**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)