

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90002 027 ****61.25

DOCUMENT # 752682

1. Entity Name

THE HYPOGLYCEMIA SUPPORT FOUNDATION, INC.

Principal Place of Business

Mailing Address

3822 NW 122ND TERR.
 SUNRISE FL 33323
 US

3822 NW 122ND TERR.
 SUNRISE FL 33323-3350
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2002919

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUBER, ALLEN H. (ATTORNEY AT LAW)
2600 DOUGLAS ROAD, SUITE 700
CORAL GABLES FL 33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUGGIERO, ROBERTA	
STREET ADDRESS	3822 NW 122 TERR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, RENEE	
STREET ADDRESS	3955 NW 94 TERR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RUGGIERO, ANTHONY	
STREET ADDRESS	3822 NW 122 TERR	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	10901 NW 39 ST Apt 202	
CITY-ST-ZIP	SUNRISE, FL 33251	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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: **ROBERTA RUGGIERO** *Roberta Ruggiero* PD 4-10-2000 954-742-3098
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #