

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90223 047 ****61.25

DOCUMENT # 714131

1. Entity Name

THE HUNTER GRUBB FOUNDATION, INC.



Principal Place of Business

**OLIVER HARRIS III PA
2518 SE WILLOUGHBY BLVD.
STUART FL 34994**

Mailing Address

**OLIVER HARRIS III PA
2518 SE WILLOUGHBY BLVD.
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6202749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARRIS, OLIVER III PA
2518 SE WILLOUGHBY BLVD.
STUART FL 34994**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PTD HANNUM, HUNTER G.	<input type="checkbox"/> Delete
STREET ADDRESS	10 LAUREL HEIGHTS	
CITY-ST-ZIP	OLD LYME CT	
TITLE NAME	VSD HANNUM, HILDEGARDE	<input type="checkbox"/> Delete
STREET ADDRESS	10 LAUREL HEIGHTS	
CITY-ST-ZIP	OLD LYME CT	
TITLE NAME	D GRIFFIS, HUGHES (ESQ)	<input type="checkbox"/> Delete
STREET ADDRESS	52 EUGENE O'NEILL DRIVE	
CITY-ST-ZIP	NEW LONDON CT 06320	
TITLE NAME	D FULWILER, CARL, M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	87 FAIR OAKS AVE	
CITY-ST-ZIP	NEWTONVILLE MA	
TITLE NAME	VPD HOLMES, LISA K	<input type="checkbox"/> Delete
STREET ADDRESS	103 FERRY ROAD	
CITY-ST-ZIP	HADLYME CT 06439	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

**203 Walnut ST.
Newton, MA**

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: **HILDEGARDE HANNUM** **2/13/03** **(860) 434-8425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)