

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722307

1. Entity Name

THE DR. P. PHILLIPS FOUNDATION

Principal Place of Business

60 W ROBINSON STREET
P O BOX 3753
ORLANDO FL 32802

Mailing Address

60 W ROBINSON STREET
P O BOX 3753
ORLANDO FL 32802-3753

2. Principal Place of Business

3. Mailing Address

P.O. BOX 3753

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O J.A. HINSON

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32802-3753

4. FEI Number

59-6135403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINSON, J.A.
60 W. ROBINSON STREET
ORLANDO FL 32801

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
NAME HINSON, J.A.
STREET ADDRESS 60 W ROBINSON ST
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE ASD
NAME BURNETT, H.L.
STREET ADDRESS 60 W ROBINSON ST
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE D
NAME FLETCHER, RICHARD L JR.
STREET ADDRESS 60 W. ROBINSON ST.
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE STD
NAME FUREY III, E F
STREET ADDRESS 60 W ROBINSON ST
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE D
NAME HUBBARD, L E
STREET ADDRESS 60 W. ROBINSON STREET
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE D
NAME ROSS, THOMAS T
STREET ADDRESS 60 W. ROBINSON STREET
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE: J.A. HINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

(407) 422-6105

Daytime Phone #

CR2E037 (9/99)