

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90079 046 \*\*\*\*61.25

**DOCUMENT # 750327**

1. Entity Name

**HOFFMAN FOUNDATION, INC.**

Principal Place of Business

15000 MCGREAOR BLVD  
 FT MYERS FL 33908  
 US

Mailing Address

15000 MCGREAOR BLVD  
 FT MYERS FL 33908-1954  
 US

2. Principal Place of Business

*11200 Longwater Chase Ct.*

Suite, Apt. #, etc.

3. Mailing Address

*11200 Longwater Chase Ct.*

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*Ft. Myers FL*

Country  
*USA*

City & State  
*Ft. Myers FL*

Country  
*USA*

4. FEI Number  
**59-2003369**

Applied For  
 Not Applicable

Zip  
*33908*

Country  
*USA*

Zip  
*33908*

Country  
*USA*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, ALFRED JR.**  
**2020 CLUB HOUSE DR**  
**SUN CITY CENTER FL 33571**

7. Name and Address of New Registered Agent

Name  
*Alfred Hoffman Jr.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*11200 Longwater Chase Ct.*  
 City  
*Ft. Myers* FL Zip Code  
*33908*

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/31/00*

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, MELISSA</b>	
STREET ADDRESS	<b>2020 CLUBHOUSE DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, ALFRED JR</b>	
STREET ADDRESS	<b>2020 CLUB HOUSE DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, STEVE</b>	
STREET ADDRESS	<b>1 TAMPA CITY CTR BLD2100</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, ELISABETH</b>	
STREET ADDRESS	<b>2020 CLUBHOUSE DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, MATTHEW P</b>	
STREET ADDRESS	<b>2020 CLUBHOUSE DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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		

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: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/31/00*