

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0046136

DOCUMENT # 750327

1. Entity Name

HOFFMAN FOUNDATION, INC.

03-14-2002 90046 004 ****61.25

Principal Place of Business

Mailing Address

11200 LONGWATER CHASE CT
 FT MYERS FL 33908
 US

11200 LONGWATER CHASE CT
 FT MYERS FL 33908
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2003369

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOFFMAN, ALFRED JR.
11200 LONGWATER CHASE CT
FORT MYERS FL 33908

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

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

3/3/02

941-433-5111 ext 38

Date

Daytime Phone #

CR2E037 (9/01)