

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

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90038 031 ****70.00

DOCUMENT # **752682 (5)**

1. Entity Name

**THE HYPOGLYCEMIA SUPPORT
FOUNDATION, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2638 NW 104th AVE.

3. Mailing Address

2638 NW 104th AVE.

Suite, Apt. #, etc.

APT. 203

Suite, Apt. #, etc.

APT. 203

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33322

Country

US

Zip

33322

Country

US

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4. FEI Number

59-2002919

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GRUBER ALLEN H. (ATTORNEY

Street Address (P.O. Box Number is Not Acceptable)

2600 DOUGLAS RD. A.F.L.W.

SUITE 700

City

CORAL GABLES

FL

Zip Code

33134

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 **ALLEN GRUBER**

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

(NOTE: Registered Agent signature required when reinstating)

7-7-03

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 **PD**
NAME **ROBERTA RUGGIERO**
STREET ADDRESS **2638 NW 104th AVE Apt 203**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **VD**
NAME **RENEE STEWART**
STREET ADDRESS **3171 NW 94th WAY**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **STD**
NAME **ANTHONY RUGGIERO**
STREET ADDRESS **2638 NW 104th Ave Apt 203**
CITY-ST-ZIP **SUNRISE, FL 33322**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERTA RUGGIERO** *Roberta Ruggiero* **7-7-03 954-762-3098**

CR2E037B (12/02)