

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758259

1. Entity Name

H.H.S. FOUNDATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90135 044 ****61.25

Principal Place of Business

Mailing Address

510 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228

510 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228-3547

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

59-2147543

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

SCHIFF, HERBERT H.
510 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228

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 ☐ Delete
NAME SCHIFF, HERBERT H
STREET ADDRESS 510 HARBOR CAY DRIVE
CITY-ST-ZIP LONGBOAT KEY, FL 00000

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

TITLE SD ☐ Delete
NAME NORRIS, SUE L.
STREET ADDRESS 41 S HIGH ST, STE 3310
CITY-ST-ZIP COLUMBUS, OHIO 00000

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

TITLE VD ☐ Delete
NAME SCHIFF, BETTY T
STREET ADDRESS 510 HARBOR CAY DRIVE
CITY-ST-ZIP LONGBOAT KEY, FL 00000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X** SIGNATURE REQUIRED
Herbert H. Schiff

4-14-2000

614-461-4372

Date

Daytime Phone #

CR2E037 (9/99)