

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758259

1. Entity Name

H.H.S. FOUNDATION, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90046 008 *****61.25

0074950

Principal Place of Business

510 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228

Mailing Address

510 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIFF, HERBERT H	
STREET ADDRESS	510 HARBOR CAY DRIVE	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NORRIS, SUE L.	
STREET ADDRESS	41 S HIGH ST, STE 3310	
CITY-ST-ZIP	COLUMBUS, OHIO 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHIFF, BETTY T	
STREET ADDRESS	510 HARBOR CAY DRIVE	
CITY-ST-ZIP	LONGBOAT KEY, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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	

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:

Betty T. Schiff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(614-461-4372

Daytime Phone #

CR2E037 (10/00)