

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90030 008 ***158.75

DOCUMENT # F94000001516

1. Entity Name

FLORIDA DELAWARE CORPORATION

Principal Place of Business

**330 ISLAND ROAD
 PALM BEACH FL 33480**

Mailing Address

**330 ISLAND ROAD
 PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0299349**

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

**HUFTY, PAGE
 330 ISLAND ROAD
 PALM BEACH FL 33480**

- Deceased

Name **Frances A. Hufty (Effective 2/7/01)**

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

330 Island Road

City **Palm Beach**

FL

Zip Code **33480**

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  **Frances A. Hufty**
 Signature, typed or printed name of registered agent and title if applicable.

Vice President

March 1, 2001

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **HUFTY, PAGE**
 STREET ADDRESS **330 ISLAND ROAD**
 CITY-ST-ZIP **PALM BEACH FL**

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

TITLE **STDV** ☐ Delete
 NAME **HUFTY, FRANCES A**
 STREET ADDRESS **330 ISLAND ROAD**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **President, Director** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASAT** ☐ Delete
 NAME **HUFTY, PAGE-LEE**
 STREET ADDRESS **340 ISLAND ROAD**
 CITY-ST-ZIP **PALM BEACH FL**

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

TITLE **ASAT** ☐ Delete
 NAME **HUFTY, MARY PAGE M.D**
 STREET ADDRESS **257 MAPACHE DRIVE**
 CITY-ST-ZIP **PORTOLA VALLEY CA**

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

TITLE **ASAT** ☐ Delete
 NAME **LEIDY, FRANCES HUFTY**
 STREET ADDRESS **105/133, 700 W. DOWINGTOWN PIKE**
 CITY-ST-ZIP **WEST CHESTER PA**

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

TITLE **ASAT** ☐ Delete
 NAME **HUFTY, JOHN ARCHBOLD**
 STREET ADDRESS **1152 LAKE CLARKE DR**
 CITY-ST-ZIP **W PALM BCH FL**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Frances A. Hufty

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2001

Date

(561)655-6760

Daytime Phone #

CR2E034 (10/00)