

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90128 045 ****61.25

DOCUMENT # N000000000042

1. Entity Name

HUANG FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1039 PONTE VEDRA BLVD
 PONTE VEDRA BEACH FL 32082**

**1039 PONTE VEDRA BLVD
 PONTE VEDRA BEACH FL 32082**

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

59-3613297

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

**STEFFEY, FRED H
 6620 SOUTHPOINT DRIVE SOUTH STE #300
 JACKSONVILLE FL 32216-0989**

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

T ☐ Delete
 NAME **HUANG, LAWRENCE P**
 STREET ADDRESS **1039 PONTE VEDRA BLVD**
 CITY-ST-ZIP **PONTE VEDRA FL 32082**

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

T ☐ Delete
 NAME **HUANG, NANCY J**
 STREET ADDRESS **1039 PONTE VEDRA BLVD**
 CITY-ST-ZIP **PONTE VEDRA FL 32082**

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

T ☐ Delete
 NAME **COKER, JEAN C**
 STREET ADDRESS **6622 SOUTHPOINT DR S #160**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)