

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90307 045 \*\*\*\*61.25

**DOCUMENT # N00000003693**

1. Entity Name

**THE OSCAR ARIAS SANCHEZ HISPANIC HONOR SOCIETY (O.A.S.H.S.), INC.**



Principal Place of Business

**FLORIDA STATE UNIVERSITY UNDERGRADUATE  
DEAN'S OFFICE A3300 UNIVERSITY CENTER  
TALLAHASSEE FL 32306-2460**

Mailing Address

**FLORIDA STATE UNIVERSITY UNDERGRADUATE  
DEAN'S OFFICE A3300 UNIVERSITY CENTER  
TALLAHASSEE FL 32306-2460**

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 **59-3651246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RACKLEY, SANDRA PH.D  
FLORIDA STATE UNIVERSITY UNDERGRADUATE  
DEAN'S OFFICE A3300 UNIVERSITY CENTER  
TALLAHASSEE FL 32306-2460**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **UGARTE, HAZEL**  
STREET ADDRESS **FSU-A3300 UNIVERSITY CENTER**  
CITY-ST-ZIP **TALLAHASSEE FL 32303-2460**

TITLE **VP** ☐ Delete  
NAME **DELGADO, INGRID**  
STREET ADDRESS **FSU-A3300 UNIVERSITY CENTER**  
CITY-ST-ZIP **TALLAHASSEE FL 32306-2460**

TITLE **S** ☐ Delete  
NAME **CALAJO, LESLIE**  
STREET ADDRESS **FSU-A3300 UNIVERSITY CENTER**  
CITY-ST-ZIP **TALLAHASSEE FL 32306-2460**

TITLE **D** ☐ Delete  
NAME **CARTER, KATHRYN H MS**  
STREET ADDRESS **FSU-A3300 UNIVERSITY CENTER**  
CITY-ST-ZIP **TALLAHASSEE FL 32306-2460**

TITLE **D** ☐ Delete  
NAME **RACKLEY, SANDRA W DR**  
STREET ADDRESS **FSU-A3300 UNIVERSITY CENTER**  
CITY-ST-ZIP **TALLAHASSEE FL 32306-2460**

TITLE **D** ☐ Delete  
NAME **RICHARDSON, ANGELA**  
STREET ADDRESS **FSU-A5300 UNIVERSITY CENTER**  
CITY-ST-ZIP **TALLAHASSEE FL 32303-2450**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **S** ☒ Change ☐ Addition  
NAME **Calajo, Leslie**  
STREET ADDRESS **FSU-A3300 University Center**  
CITY-ST-ZIP **Tallahassee, FL 32306-2460**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 **Sandra W. Rackley**

1/24/03

(859) 644-2740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)