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

## DOCUMENT # N0000003693

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CALAJO, LISLIE

**FSU-A3300 UNIVERSITY CENTER** 

**FSU-A3300 UNIVERSITY CENTER** 

**FSU-A3300 UNIVERSITY CENTER** 

TALLAHASSEE FL 32306-2460

TALLAHASSEE FL 32306-2460

TALLAHASSEE FL 32306-2460

CARTER, KATHRYN H MS

RACKLEY, SANDRA W DR

THE OSCAR ARIAS SANCHEZ HISPANIC HONOR SOCIETY ( OASHHS) INC.



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

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

| DEAN'S OFFICE A3300 UNIVERSITY CENTER DEAN'S OFFICE A3300 UNIVERSITY CENTER  | 0.71.0.(1.11  | 0.7, 1110.     |                          |                     |      | O WE  |   |                |             |              |
|--|---|----------------|--------------------------|---------------------|------|---|---|----------------|-------------|--------------|
| DEAN'S OFFICE A300 UNIVERSITY CENTER TALLAHASSEE FL 32006-2460  2. Pinnopal Place of Business  3. Mailing Address  Suite, Apt. #, etc.   City & State   City & State   A. FEI Number 59-3651246   Applied For  | Principal Place of Business Mailing Address   |                |                          |                     |      |   |   |                |             |              |
| Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   4. FEI Number 59-3651246   Applied For Not Applicable    Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fee Required    Fee Required   Name   Name   Name   Street Address of New Registered Agent    RACKLEY, SANDRA PH.D   FLORIDA STATE UNIVERSITY UNDERGRADUATE   DEAN'S OFFICE A3300 UNIVERSITY UNDERGRADUATE   DEAN'S OFFICE A3300 UNIVERSITY UNDERGRADUATE   DEAN'S OFFICE A3300 UNIVERSITY CENTER   TALLAHASSEE FL 32306-2460    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.    Signalus, sycled or printed rating of registered agent and table it applicable.   (RYTE Registered Agent signalure required wher reinstaking)   DATE    FILE NOW: FEE IS \$61.25   9. Election Campaign Financing   \$5.00 May Be Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   Make Check Payable to Florida Department of State   SUBJAJ300 UNIVERSITY CENTER   TALLAHASSEE FL 32303-2460   TITLE   Make   STREET ADDRESS   STR        | FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER  FLORIDA STATE UNIVERSITY DEAN'S OFFICE A3300 UNIV |                |                          |                     |      |   | ( 1003)  91 0() 003)   003)   003)   003)   003)   003)   003)   003)   003)   03]    03]     03]    03]    03]    03]      03]     03] |                |             |              |
| City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  Sea, 75 Additional Fee Required Fee Required Fee Required Fee Required  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  Tittle  P  GARRE, HAZEL  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  TITLE  P  DELGADO, INGRID  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  COUNTRY  S. Certificate of Status Desired   \$8.75 Additional Fee Required Agent  Applied For Not Application  SR. 75 Additional Fee Required  Fee Required  SR. 75 Additional Fee Required  Fee Required  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Date  The Address (P.O. Box Number is Not Acceptable)  Date  The Address (P.O. Box Number is Not Acceptable)  FILE NOW: FEE IS \$61.25  PARCEL  SIGNATURE  Signature required when remainstancy  DATE  FILE NOW: FEE IS \$61.25  PARCEL  Signature required when remainstancy  DATE  FILE NOW: FEE IS \$61.25  PARCEL  Signature required when remainstancy  DATE  FILE NOW: FEE IS \$61.25  PARCEL  Signature required when remainstancy  DATE  FILE NOW: FEE IS \$61.25  PARCEL  Signature required when remainstancy  DATE  FILE NOW: FEE IS \$61.25  PARCEL  Signature required when remainstancy  DATE  FILE NOW: FEE IS \$61.25  PARCEL  Signature required when remainstancy  DATE  FILE NOW: | 2. Principal Pl   | ace of Busine  | ss                       | , Mailing Address   |      |   |   |                |             |              |
| Zip Country Zip Country 5. Certificate of Status Desired   | Suite, Apt.   | #, etc.        |                          | Suite, Apt. #, etc. |      |   | CHECK HERE IF MAKING CHANGES  |                |             |              |
| 6. Name and Address of Current Registered Agent  | City & State  | <del></del>    |                          | City & State        |      |   | 4. FEI Number 59-3651246  |                |             |              |
| RACKLEY, SANDRA PH.D FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE FL 32306-2460  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 this obligations of registered agent.  Signature  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  ITTLE NAME CITY-ST-ZIP UGARTE, HAZEL TITLE VP UGARTE, HAZEL TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32300-2460 CITY-ST-ZIP TITLE T          | Zip Country Zip   |                |                          |                     |      |   |   |                |             |              |
| RACKLEY, SANDRA PH.D FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE FL 32306-2460  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 this obligations of registered agent.  Signature, typed or printed marris of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution. Addlition Addlet to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE UGARTE, HAZEL UGARTE, HAZEL SIGNATURE TITLE UP UGARTE, HAZEL SIGNATURE SI          |   | 6. Name a      | and Address of Current F | legistered Agent    | į    | 7. Name and Address of New Registered Agent           |   |                |             |              |
| FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE FL 32306-2460  City  FL  Zip Code  6. 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, typed or printed naming 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 Added to Fees  Trust Fund Contribution.  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITIE  UGARTE, HAZEL  STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE FL 32303-2460  POP  DELGADO, INGRID  Delete  TITLE  VP  DELGADO, INGRID  Delete  TITLE  VP  DELGADO, INGRID  Delete  TITLE  VP  DELAGADO, INGRID  DELAGADO, INGRID  DELAGADO, STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE FL 32308-2460  CITY-ST-ZIP  |   |                |                          |                     |      | Name  |   |                |             |              |
| TALLAHASSEE FL 32306-2460  City  FL  Zip Code  8. The above named entity submits fhis 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.  DATE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  UGARTE, HAZEL  FSU-A3300 UNIVERSITY CENTER  TALLAHASSEE FL 32303-2460  TITLE  VP  DELGADO, INGRID  FSU-A3300 UNIVERSITY CENTER  STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE FL 32308-2460  CITY-ST-ZIP  TALLAHASSEE FL 32308-2460   | FLORIDA   | STATE UNIV     | /ersity undergradu       |                     |      | Street Addre  | ss (P.O. Box Number is N  | ot Acceptable) |             |              |
| TILE NAME UGARTE, HAZEL STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303-2460  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  (NOTE: Registered Agent signature required when reinstating)  DATE  (NOTE: Registered Agent signature required when reinstating)  DATE  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE NAME UGARTE, HAZEL STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303-2460  TILE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32306-2460  CITY-ST-ZIP TALLAHASSEE FL 32306-2460  CITY-ST-ZIP TALLAHASSEE FL 32306-2460  CITY-ST-ZIP TALLAHASSEE FL 32306-2460  TALLAHASSEE FL 32306-2460  CITY-ST-ZIP TALLAHASSEE FL 32306-2460  CITY-ST-ZIP TALLAHASSEE FL 32306-2460  TITLE TALLAHASSEE FL 32306-2460  CITY-ST-ZIP TALLAHASSEE FL 32306-2460   |   |                |                          |                     |      | City FL Zip Code                                      |   |                |             |              |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE P  | the obligati  | ons of registe | red agent.               |                     |      |   |   |                | niliar with | , and accept |
| Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE P  | •   |                |                          |                     |      |   | ·   |                |             |              |
| TITLE P GARTE, HAZEL Delete NAME STREET ADDRESS CITY-ST-ZIP P SU-A3300 UNIVERSITY CENTER TALLAHASSEE FL 32303-2460 TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32306-2460 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32306-2460 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32306-2460 CITY-ST-ZIP   |   |                |                          |                     |      | ution.   Added to Fees Florida Department of State    |   |                |             |              |
| NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303-2460  TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308-2460  Delete NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308-2460  STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308-2460  CITY-ST-ZIP TALLAHASSEE FL 32308-2460  NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308-2460  CITY-ST-ZIP  | 10. OFFICERS AND DIRECTORS  |                |                          |                     |      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |                |             |              |
| STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303-2460  TITLE VP Delede TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32306-2460  | TITLE   | P              | <u></u>                  | ☐ Delete            | TITL | E   |   |                | ☐ Change    | Addition     |
| STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303-2460  TITLE VP Delede TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32306-2460  | NAME  | UGARTE, H      | IAZEL :                  |                     | NAM  | ME.   |   |                |             |              |
| CITY-ST-ZIP         TALLAHASSEE FL 32303-2460         CITY-ST-ZIP           TITLE         VP         Delete         TITLE           NAME         DELGADO, INGRID         NAME           STREET ADDRESS         FSU-A3300 UNIVERSITY CENTER         STREET ADDRESS           CITY-ST-ZIP         TALLAHASSEE FL 32306-2460         CITY-ST-ZIP  | STREET ADDRESS  |                |                          |                     | STR  | EET ADDRESS   |   |                |             |              |
| TITLE VP DELGADO, INGRID Delete NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32306-2460 Delete NAME  TITLE DELEGADO, INGRID STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | CITY-ST-ZIP   |                |                          |                     | CIT  | Y-ST-ZIP  |   |                |             |              |
| NAME STREET ADDRESS CITY-ST-ZIP  DELGADO, INGRID  NAME STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE FL 32306-2460  NAME STREET ADDRESS CITY-ST-ZIP  | TITI F  |                | <u> </u>                 | □ Delete            | JITI | F   |   |                | Change      | ☐ Addition   |
| STREET ADDRESS CITY-ST-ZIP  FSU-A3300 UNIVERSITY CENTER TALLAHASSEE FL 32306-2460  STREET ADDRESS CITY-ST-ZIP  |   |                | INGRID                   | - Delete            | 1    |   |   | J              |             |              |
| CITY-ST-ZIP TALLAHASSEE FL 32306-2460 CITY-ST-ZIP  |   |                |                          |                     | •    |   |   |                |             |              |
| TALLATIASSEC FL 32300*2400   | [   |                |                          |                     |      |   |   |                |             |              |
|  |   |                | DEE FL 32300-2400        | noloto              | -    | - 0   |   | X              | ► Channe    | Addition     |

TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RICHARDSON, ANGELA STREET ADDRESS STREET ADDRESS **FSU-A5300 UNIVERSITY CENTER** CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303-2450 12. Thereby 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 attacturent with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

: CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Delete

Calajo, Leslie

FSU-A3300 University Center

Tallahassee, FL 32306-2460

Sandra W. Rackley SIGNATURE:

1/24/03

(859) 644-2740

Change

Change

☐ Addition

☐ Addition