

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90165 042 \*\*\*\*70.00

**DOCUMENT # N00000005736**

1. Entity Name

**THE HOUR GLASS FOUNDATION INC.**

Principal Place of Business

**PO BOX 141478  
 ORLANDO FL 32814**

Mailing Address

**PO BOX 141478  
 ORLANDO FL 32814**



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

☒ 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

**DOVALE, IONE  
 4808 GOLDEN ROD RD  
 WINTER PARK FL 32792**

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  
 After September 12, 2001 min. will be \$236.25**

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

TITLE ☐ Delete  
 NAME **PRESIDENT DIRECTOR**  
 STREET ADDRESS **IONE DOVALE**  
 CITY-ST-ZIP **4808 GOLDEN ROD RD**  
**WINTER PARK FL 32792**

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

TITLE ☐ Delete  
 NAME **DIRECTOR**  
 STREET ADDRESS **JOSE FALERO III**  
 CITY-ST-ZIP **4808 GOLDEN ROD RD**  
**WINTER PARK FL 32792**

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

TITLE ☐ Delete  
 NAME **DIRECTOR**  
 STREET ADDRESS **LIONEL SKINNER III**  
 CITY-ST-ZIP **4808 GOLDEN ROD RD**  
**WINTER PARK FL 32792**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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

**SIGNATURE REQUIRED**

7-19-01

CR2E037 (5/01)

Attachment 10284

#N00000005796

7-19-01

TO WHOM IT MAY CONCERN,

I JANE V DOVALE CALLED THE UNIFORM BUSINESS REPORT DEPT. TO FIND OUT WHY I DID NOT RECIEVE MY CERTIFICATE FOR THE HOUR GLASS FOUNDATION INC., I CALLED TODAY 7-19-01 THURSDAY - THE REP. SAID THAT THERE WAS A LETTER MAILED OUT TO ME ON 6-21-01 STATING THAT I NEEDED TO NAME 3 DIRECTORS ON MY FORM - I TOLD THE REP. THAT I NEVER RECIEVED THIS LETTER, HE THEN TRANSFERRED ME TO TELE. # 850-245-6059 WHICH I SPOKE TO ANOTHER REP. AND TOLD HER SAME THING - THAT I NEVER RECIEVED THE LETTER - SHE TOLD ME IF I HAVE ANOTHER COPY OF A UNIFORM (UBR) REPORT TO USE THAT ONE AND MAIL IT - AND TO WRITE THIS LETTER TO LET THE DEPT. KNOW THAT I NEVER RECIEVED THE LETTER IN QUESTION ABOUT DIRECTORS. I HOPE THIS SATISFIES EVERYTHING COMPLETELY. THANK YOU,

JANE V. DOVALE  
Jane Dovaile