2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # N0000008277 1. Entity Name HEART UNIVERSITY FOUNDATION, INC. 05-01-2001 90103 027 ****61.25 Principal Place of Business Mailing Address 1329 50TH AVE., NE 1329 50TH AVE., NE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDDINGER, JUDITH A Street Address (P.O. Box Number is Not Acceptable) 10913B 126TH AVE. N. LARGO FL 33778 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE CR2E037 (10/00) MCIVOR, MICHAEL E MCIVER, MICHAEL E NAME 1329 SOTE TUENE STREET ADDRESS STREET ADDRESS 1329 50TH AVE., NE CITY-ST-ZIF CITY-ST-ZIP ST. PETERSBURG FL 33703 St. Patrasbury FC 33703 TITLE Delete TITLE NAME DOUGLASS, MARGARET A NAME STREET ADDRESS STREET ADDRESS 4319 AUGUSTINE AVE. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34231 TITLE Delete TITLE ☐ Change Addition NAME REDDINGER, JUDITH A NAME STREET ADDRESS STREET ADDRESS 10913B 126TH AVE. N. CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.