

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100007236

1. Entity Name

HHSCE FOUNDATION, INC.

Principal Place of Business

2364 W. L.P.G.A. BLVD.  
DAYTONA BEACH FL 32120

Mailing Address

PO-BOX-9065-  
DAYTONA BEACH FL 32120

2. Principal Place of Business

3. Mailing Address

9 EMERALD OAKS LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH FL.

Zip

Zip

Country

Country

USA

4. FEI Number

59-3749676

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE  
DAYTONA BEACH FL 32115-2401

Name

DALE J. ABBOTT CPA

Street Address (P.O. Box Number is Not Acceptable)

9 EMERALD OAKS LANE

City

ORMOND BEACH FL

Zip Code

32174

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.

Dale J. Abbott

7-20-02

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PRUITT, ELLEN  
1110 SHERBOURNE WAY  
ORMOND BEACH FL 32176

Delete

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
STACK, MELVIN  
1331 OAK FOREST DR.  
ORMOND BEACH FL 32174-4023

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
DALE ABBOTT  
9 EMERALD OAKS LANE  
ORMOND BEACH, FL. 32174

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MOTLEY, M.  
64 BIG TRUCK TRAIL  
ORMOND BEACH FL 32176

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CROCKENBERG, JOHN  
58 NEPTUNE AVE.  
ORMOND BEACH FL 32176

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MC LAUGHLIN, ROBERT E  
1032 SHOCKNEY RD.  
ORMOND BEACH FL 32176

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
DUVAL, MARIA  
226 RIVER BEACH DR.  
ORMOND BEACH FL 32176

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: Dale J. Abbott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale J. Abbott 7-20-02 386-6136704