

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90307 030 ****61.25

DOCUMENT # N02000007806

1. Entity Name

STAR CRUISER FOUNDATION, INC.



Principal Place of Business

**3405 LAKE AMACA CIRCLE
ORLANDO FL 32837**

Mailing Address

**3405 LAKE AMACA CIRCLE
ORLANDO FL 32837**

2. Principal Place of Business

4700 HILLENIA BLVD

3. Mailing Address

PO Box 710

Suite, Apt. #, etc.

Suite 175

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

MURPHY NC

Zip

Country

32839

Zip

Country

28906

4. FEI Number

51-0431546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HANNA, RICHARD
5445 LAKE JESSAMINE DRIVE
ORLANDO FL 32839**

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 **D** ☐ Delete
NAME **HANNA, RICHARD**
STREET ADDRESS **5445 LAKE JESSAMINE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☐ Delete
NAME **MAURER, PAUL**
STREET ADDRESS **4195 HIGHWAY 64 WEST #5**
CITY-ST-ZIP **MURPHY NC 28906**

TITLE **D** ☐ Delete
NAME **WARD, THOMAS**
STREET ADDRESS **8649 SUMMERVILLE PLACE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Paul Maurer

4-23-03

828-835-3549

CR2E037 (10/02)