

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-13-2003 90082 013 ****61.25

DOCUMENT # N02000008410

1. Entity Name

HOME GIFT USA CHARITIES, INC.



Principal Place of Business

**801 N MAGNOLIA STE 305
ORLANDO FL 32803**

Mailing Address

**801 N MAGNOLIA STE 305
ORLANDO FL 32803**

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

06-1655711

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAIN, GARY W
801 N MAGNOLIA STE 305
ORLANDO FL 32803**

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 **GARY W. CAIN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-03

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 **CANIN, MYRNA**
STREET ADDRESS **500 DELANEY AVE STE 404**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete
NAME **MCDOWELL, BRIAN**
STREET ADDRESS **200 S ORANGE AVE STE 2600**
CITY-ST-ZIP **ORLANDO FL 32802**

TITLE **D** ☐ Delete
NAME **RUOFF, STEVEN**
STREET ADDRESS **2200 LUCIEN WAY STE 350**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Delete
NAME **HATCHER, MARION F III**
STREET ADDRESS **720 RUGBY ST**
CITY-ST-ZIP **ORLANDO FL 32854-0689**

TITLE **D** ☐ Delete
NAME **EISERMAN, LES**
STREET ADDRESS **1400 W FAIRBANKS AVE STE 102**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **P** ☐ Delete
NAME **GARY W. CAIN**
STREET ADDRESS **801 N. MAGNOLIA AVE. SUITE 305**
CITY-ST-ZIP **ORLANDO, FL 32803**

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

TITLE ☐ Change ☐ Addition
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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

3/10/03

Date

407.841-6855

Daytime Phone #

CR2E037 (10/02)