

2000 UNIFORM BUSINESS REPORT (UBR)

3/23/2000

FILED
May 30, 2000 8:00 am
Secretary of State

03-02-2000 90107 009 ****70.00

DOCUMENT # N08126

1. Entity Name

HUMAN RIGHTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

921 NW 13TH STREET
 GAINESVILLE FL 32601-1141

921 NW 13TH STREET
 GAINESVILLE FL 32601-4141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2550906**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

O'MALLEY, LOIS ANNE
 1709 NW 98TH STREET
 GAINESVILLE FL 32608

Name Mary F. Sullivan
 Street Address (P.O. Box Number is Not Acceptable)
 1727 S.W. 42nd Street
 City Gainesville FL 32608 **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 Mary F. Sullivan

Mary F. Sullivan

5-24-2000

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

(NOTE: Registered Agent signature required when reappointing)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
TD	O'MALLEY, LOIS ANNE	1709 NW 98TH STREET	GAINESVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	SULLIVAN, WILLIAM J	1727 SW 42ND AVENUE	GAINESVILLE FL 32608	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV	MCCAWLEY, JAMES	1928 NW 39TH TERRACE	GAINESVILLE FL 32601	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	OMALLEY, JOHN R	1709 NW 98TH ST	GAINESVILLE FL 32606	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SULLIVAN, MARY F	1727 SW 42ND ST	GAINESVILLE FL 32608	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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:

Lois Anne O'Malley

2/25/00

352-378-7824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #