

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/23/2000

DOCUMENT # N08126

1. Entity Name

HUMAN RIGHTS FOUNDATION, INC.

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

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

Principal Place of Business

Mailing Address

921 NW 13TH STREET  
GAINESVILLE FL 32601-1141921 NW 13TH STREET  
GAINESVILLE FL 32601-4141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
59-2550906

Applied For

Not Applicable

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 32608Name 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

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

(NOTE: Registered Agent signature required when reinstating)

5-24-2000

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10.

OFFICERS AND DIRECTORS

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2037 (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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

352-378-7824

Daytime Phone #