

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90177 049 ****61.25

DOCUMENT # N08126

1. Entity Name

HUMAN RIGHTS FOUNDATION, INC.



Principal Place of Business

**921 NW 13TH STREET
GAINESVILLE FL 32601-1141**

Mailing Address

**921 NW 13TH STREET
GAINESVILLE FL 32601-1141**

2. Principal Place of Business

1240 NW 21st Ave.

Suite, Apt. #, etc.

3. Mailing Address

1240 NW 21st Ave.

Suite, Apt. #, etc.

City & State

Gainesville, FL 32609

City & State

Gainesville, FL 32609

4. FEI Number **59-2550906**

Applied For

Not Applicable

Zip

32609

Country

U.S.

Zip

32609

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARR, CHRISTOPHER G Christine
2420 W SR 235
BROOKER FL 32622**

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

Christine G. Barr

Christine G. Barr

8/4/28/03

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCAWLEY, JAMES	
STREET ADDRESS	1928 NW 39TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KAUFFMAN, DAVID	
STREET ADDRESS	3745 NW 7TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARR, CHRISTINE	
STREET ADDRESS	2420 W SR 235	
CITY-ST-ZIP	BOOKER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott, Joan	
STREET ADDRESS	4203 NW 67th Terrace	
CITY-ST-ZIP	Gainesville, FL 32606	
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		

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:

Christine G. Barr

4/28/03

352-378-7824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)