

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90085 001 \*\*\*\*61.25

**DOCUMENT # N16369**

1. Entity Name

**THE MASTERS FOUNDATION, INC.**

Principal Place of Business

1900 SUMMIT TOWER BLVD.  
 SUITE 770  
 ORLANDO FL 32810  
 US

Mailing Address

1900 SUMMIT TOWER BLVD.  
 SUITE 770  
 ORLANDO FL 32810  
 US

2. Principal Place of Business

**450 SOUTH ORANGE AVENUE**

3. Mailing Address

**450 SOUTH ORANGE AVENUE**

Suite, Apt. #, etc.

**SUITE 250**

Suite, Apt. #, etc.

**SUITE 250**

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**32801**

Country

**USA**

Zip

**32801**

Country

**USA**

4. FEI Number

**59-2700563**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SNELL, D.J.**  
**ONE DUPONT CENTRE, SUITE 2600**  
**390 N ORANGE AVE.**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **SNELL, D.J.**

Street Address (P.O. Box Number is Not Acceptable)

**1101 NORTH KENTUCKY AVENUE**

**SUITE 200**

City

**WINTER PARK**

FL

Zip Code

**32789**

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

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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **HERSHISER, OREL L, IV**  
 STREET ADDRESS **1900 SUMMIT TOWER BLVD., STE 770**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ Delete  
 NAME **HERSHISER, JAMIE B.**  
 STREET ADDRESS **1900 SUMMIT TOWER BLVD., STE 770**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ Delete  
 NAME **KRAUS, PAUL V.**  
 STREET ADDRESS **1900 SUMMIT TOWER BLVD., STE 770**  
 CITY-ST-ZIP **ORLANDO FL**

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 **450 SOUTH ORANGE AVENUE, SUITE 250**  
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **450 SOUTH ORANGE AVENUE, SUITE 250**  
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **450 SOUTH ORANGE AVENUE, SUITE 250**  
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

CR2E037 (9/01)