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

DOCUMENT # N16369

1. Entity Name

THE MASTERS FOUNDATION, INC.



Apr 10, 2003 8:00 am Secretary of State
04-10-2003 90089 018 ****61.25



•	ce of Business	Mailing Address		1			~	٠.,	
	range avenue	450 SOUTH ORANGE AVENUE						,	
Suite 250 Orlando fl 32801		SUITE 250					-		
uklando fl.: Us	3£0U1	Orlando Fl 32801 Us		ļ	(0() (00 (0)((0 0) <u>}</u>	14 (1410 (1814 (1416)	D)) (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(ISD 311 11 (31 0)	
2. Principal F	Place of Business	3. Mailing Address							
	ummit Tower Blvd	1900 Summit Tower Blud			س		6124, 544, 54	16	
Suite, Apt. #, etc. 260		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat		City & State		- (4. FEI Number 59	-2700563	<u> </u>	pplied For ot Applicable	
<u>Or lo</u>	Country	Orlando, #C	Country				\$8.75 Ad	:	
328(1 '	32810	Country	-	Certificate of Sta	atus Desired	Fee Require		
30011	6. Name and Address of Current I		'		7. Name and Addr	ess of New Registered			
			Name	2 -	Carll				
SNELL, D).J.		Street	Street Address (P.O. Boy Number is Not Acceptable)					
1101 NO	rth Kentucky ave		365 GC			(P.O. Box Number is Not Acceptable)			
SUITE 20	00		J			-			
WINTER	PARK FL 32789		City .				Zip Coo	le	
	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dicto	er floorh	FI	- ື3ລິ	789	
	named entity submits this statement for	the purpose of changing its	s registered office o	or registered	d agent, or both, in ti	he State of Florida. I am	familiar with,	and accept	
the obligat	tions of registered agent.	\sim				_			
_	- R/ SullO(3/2//	103		
SIGNATURE	1/ Jones								
<u>.</u>	Signature, typed or printed name of registered agent a	no (tile it applicable. (NOI	TE: Registered Agent signa	iture requireo w	men reinstating)	DAIE			
						<u>.</u>			
<u>.</u>	FILE NOW: FEE IS \$61.25		mpaign Financing		\$5.00 May Be	Make Chec			
	•	Trust Fund (Contribution.	U #	Added to Fees	Florida Depa	rtment of	State	
10.	OFFICERS AND DIR	ECTORS	11.	Α[DDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10	
TITLE	PD	□ Delete	TITLE	PD	 		Change	☐ Addition	
NAME	HERSHISER, OREL L.,IV		NAME	Heren	iser, orel L.	, I Z			
STREET ADDRESS	450 SOUTH ORANGE AVE STE 29	5,0	STREET ADDRESS	1900 3	unmit Tower	f Blvd. Swite:	9 6 0		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	orla	ndo, FL 3	39810			
TITLE	VD	☐ Delete	TITLE	VD	<u>-</u>	<u> </u>	Change	☐ Addition	
NAME	HERSHISER, JAMIE B.		NAME		iser, Jamie				
STREET ADDRESS	450 S. ORANGE AVE. STE 250	STREET ADDRESS	1100 300711117 10000 01001 00010 000						
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	orlan	olo, FL 32	810			
TITLE	TD	☐ Delete	TITLE	1		Service of Control of the Parish	▼ Change	_ ☐ Addition	
NAME	KRAUS, PAUL V.		NAME	1	s, Paul U.			l	
STREET ADDRESS	450 S. ORANGE AVE STE 250	•	STREET ADDRESS			or Glyd. Swite 8) 60		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	orland	<u>do, Fr. 328</u>	ماد			
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME	1					
STREET ADDRESS	J		STREET ADDRESS]					
CITY-ST-ZIP			CITY-ST-ZIP	ļ		<u> </u>			
TITLE]	☐ Delete	TITLE	1			Change	Addition	
NAME			NAME						
STREET ADDRESS	1		STREET ADDRESS	}					
CITY-ST-ZIP			+CITY-ST-ZIP	<u> </u>		·····			
TITLE)	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS	}		STREET ADDRESS	ł					
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exemption sta	ited in Sect	tion 119.07(3)(i), Flor	rida Statutes. I further ce	rtify that the i	nformation	

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:

407-581-3349 3/24/03