

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17963

1. Entity Name

H-O FOUNDATION, INC.

Principal Place of Business

% HAROLD L. OSHRY
5304 WOODLANDS BLVD.
TAMARAC FL 33319-3026

Mailing Address

% HAROLD L. OSHRY
5304 WOODLANDS BLVD.
TAMARAC FL 33319-3026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-6271907

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSHRY, HAROLD L.
5304 WOODLANDS BLVD.
TAMARAC FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 DP
NAME OSHRY, HAROLD L.
STREET ADDRESS 5304 WOODLANDS BLVD.
CITY-ST-ZIP TAMARAC FL ☒ Delete

TITLE D
NAME OSHRY, CLAIRE
STREET ADDRESS 5304 WOODLANDS BLVD.
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE D
NAME OSHRY, MICHAEL H.
STREET ADDRESS 375 HEATHER LANE
CITY-ST-ZIP HEWLETT HARBOR NY ☐ Delete

TITLE VP
NAME OSHRY, SUZANNE
STREET ADDRESS 628 SANTA MONICA BLVD #C
CITY-ST-ZIP SANTA MONICA CA 90401 ☐ Delete

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 DECEASED 6/29/02
CITY-ST-ZIP

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

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

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

TITLE D
NAME MYRL EVENS
STREET ADDRESS PO BOX 839
CITY-ST-ZIP POINT REYES STATION CA 94956 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02

Date

954-734-5304

Daytime Phone #

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-16-2002 90349 023 ****61.25

41173



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)