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

Mailing Address

ORLANDO FL 32854

P O BOX 540777

DOCUMENT # N21165

1. Entity Name

Principal Place of Business

FAMILY OFFICE SERVICES CORP

1127 EDGEWATER DRIVE

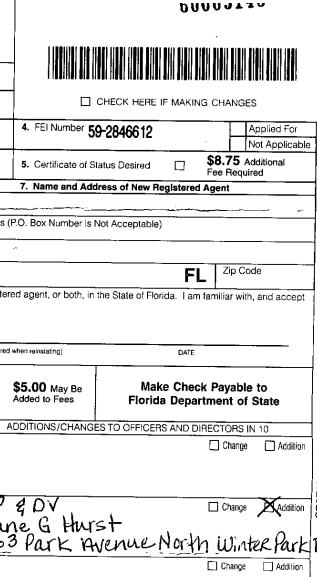
ORLANDO FL 32804

RALPH E. AND JANE G. HURST FAMILY FOUNDATION, IN



FILED Jan 10, 2003 8:00 am § Secretary of State

01-10-2003 90027 025 ****61.25



						1	I I MERCIE II II II II	[10	
2. Principal	Place of Busin	ness	3. Mailing Addre	failing Address							
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate	- -	City & State	Suite, Apt. #, etc. City & State 4. FEI Number 59-2846 Zip Country 5. Certificate of Status De Pagistered Agent Name Street Address (P.O. Box Number is Not Access City City To City The purpose of changing its registered office or registered agent, or both, in the Status De Pagistered Agent Street Address (P.O. Box Number is Not Access City To City Pagistered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Street Added to Fees				9-2846612		Applied For	
Zip Country Zip				Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Registered Agent		T	7. N	Name and Ad	dress of New Regis	•		
		-	Name								
1127 ED	, DONALD E DGEWATER D DO FL 32804	PR.				Street Address (P.O. Box Number is Not Acceptable)					
					*		*	,	FL Zip Cod		
The above the obligation	re named entity ations of registe	submits this statement for ered agent.	or the purpose of cha	nging its registe	red office or r	registered age	ent, or both, in	the State of Florida.	. I am familiar with	, and accept	
_		-									
SIGNATURE											
1		or printed name of registered agent	t and title if applicable.	(NOTE: Register	ed Agent signature	e required when rei	instating)		DATE	 _	
?	FILE NOW:	FEE IS \$61.25						Make (Florida D	Check Payable Department of	to State	
10.		OFFICERS AND DI	RECTORS	11.		ADDITI	ONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	J 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ILPH E., JR. AVENUE NORTH IRK FL	Del	NAM STR	ME EET ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HURST, JA 863 PARK WINTER PA	AVENUE NORTH	☐ Deli	NAM STR	E AE EET ADDRESS (-ST-ZIP	DP & 1 Jane 363 P	OV G Hur ark A	st Nenue Ni	Change	Addition VR Part	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, DO	onald e. Water drive	☐ Dele	ete TITL NAM STRI	.E	3 - Tiù Sandra			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	1	□ Dele	NAM STRE					☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Dele	NAM STRE	I	·,			☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS			☐ Dele	NAMI					☐ Change	Addition	

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 truspe 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:

1-8-03

407-420-9005