

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90024 040 ****61.25

DOCUMENT # N23990

1. Entity Name

RICHARD HUGHES FOUNDATION, INC.

Principal Place of Business

**20 N. ORANGE AVENUE
 SUITE 200
 ORLANDO FL 32801
 US**

Mailing Address

**P.O. BOX 2273
 ORLANDO FL 32802
 US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 568065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
 ORLANDO, FL**

Zip

Country

**Zip
 32856-8065**

**Country
 US**

4. FEI Number

59-2869761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, RUSSELL V.
 20 N ORANGE AVENUE, SUITE 200
 ORLANDO FL 32801**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)

TITLE PD ☐ Delete
 NAME HUGHES, RUSSELL V.
 STREET ADDRESS 20 N ORANGE AVENUE SUITE 200
 CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
 NAME HUGHES, RUSSELL SPENCER
 STREET ADDRESS 20 NO ORANGE AVE, STE 200
 CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
 NAME HUGHES, BRADLEY M.
 STREET ADDRESS 20 NO ORANGE AVE, STE 200
 CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: RUSSELL V. HUGHES, PRESIDENT *Russell V. Hughes* 2/12/01 407-295-5549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)