

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24573

1. Entity Name

HCF FOUNDATION, INC.

Principal Place of Business

126A PARK AVE. SOUTH
WINTER PARK FL 32789
US

Mailing Address

126A PARK AVE. SOUTH
WINTER PARK FL 32714-7224
US

2. Principal Place of Business

P.O. Box 3636

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

Country

32790-3636

USA

Zip

Country

4. FEI Number

59-2943384

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OGLE, LARRY
126A PARK AVE, SOUTH
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

JEFFREY B. COWHERD

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

945 S. ORANGE AVENUE

City

ORLANDO

FL

Zip Code

32806

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	T	<input type="checkbox"/> Delete
NAME	RUFFIER, DANIEL E	
STREET ADDRESS	200 E. NEW ENGLAND	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANDERS, JEFF	
STREET ADDRESS	20 N. ORANGE AVE., STE. 1300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROUSSMAN, NATALIE	
STREET ADDRESS	2916 FITZTOOTH DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	CT	<input type="checkbox"/> Delete
NAME	SNIVELY, STEPHEN W	
STREET ADDRESS	TWO SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARKIN, GORDON J	
STREET ADDRESS	111 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ELLENBURG, MARK	
STREET ADDRESS	211 W PINE ST	
CITY-ST-ZIP	ORLANDO FL 32805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF SANDERS	
STREET ADDRESS	80 N. ORANGE AVE, STE. 1300	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIVELY, STEPHEN W.	
STREET ADDRESS	2 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90260 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)