2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24573 ✓

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90093 045 ****61.25

A0029706

DO NOT WRITE IN THIS SPACE

1. Entity Name: HCF FOUNDATION, INC

Principal Place of Business: P.O. BOX 3636, WINTER PARK, FL 32790-3636 USA

Mailing Address: P.O. BOX 3636, WINTER PARK, FL 32790-3636 USA

2. Principal Place of Business: P.O. BOX 3636
Suite, Apt. #, etc.:

3. Mailing Address: P.O. BOX 3636
Suite, Apt. #, etc.:

City & State: WINTER PARK, FL
Zip: 32790-3636 Country: USA

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Zip: 32790-3636 Country: USA

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

JEFFREY B. COWHERD
945 S. ORANGE AVENUE
ORLANDO, FL 32806

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] 2/26/01
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

CR2E037 (11/00)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T NAME RUFFIER, DANIEL E. STREET ADDRESS 200 E. NEW ENGLAND CITY-ST-ZIP WINTER PARK, FL 32789	☐ Delete	TITLE P NAME PRESIDENT JEFFREY B. COWHERD STREET ADDRESS 945 S. ORANGE AVE CITY-ST-ZIP ORLANDO, FL 32806	☐ Change ☐ Addition
TITLE T NAME SNIVELY, STEPHEN W. STREET ADDRESS 2 SOUTH ORANGE AVENUE CITY-ST-ZIP ORLANDO, FL 32802	☐ Delete	TITLE V NAME VICE PRESIDENT JEFF SANDERS STREET ADDRESS 20 N ORANGE AVE, STE 1300 CITY-ST-ZIP ORLANDO, FL 32801	☐ Change ☐ Addition
TITLE T NAME ARKIN, GORDON J. STREET ADDRESS 111 N. ORANGE AVE CITY-ST-ZIP ORLANDO, FL 32802	☐ Delete	TITLE T NAME TREASURER FRANK L. POHL, ESQ STREET ADDRESS 280 W. CANTON AVE, STE 410 CITY-ST-ZIP WINTER PARK, FL 32789	☐ Change ☑ Addition
TITLE T NAME REGNER, JOSEPH E. STREET ADDRESS 1031 W. MORSE BLVD, #150 CITY-ST-ZIP WINTER PARK, FL 32789	☐ Delete	TITLE S NAME NATALIE ROUSSHAN STREET ADDRESS 8916 FITZOOTH DR. CITY-ST-ZIP WINTER PARK, FL 32792	☐ Change ☐ Addition
TITLE T NAME KOPKE, SALLY STREET ADDRESS 301 NE IVANHOE BLVD CITY-ST-ZIP ORLANDO, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME TRIBBLE, WILHELMINA STREET ADDRESS 8117 CANYON LAKE CIRCLE CITY-ST-ZIP ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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] Jeffrey B. Cowherd 2/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #