

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31208

1. Entity Name

HOOF & HALTER FOUNDATION OF FLORIDA, INC.

Principal Place of Business

14151 S.W. 26 STREET  
DAVIE FL 33325

Mailing Address

14151 S.W. 26 STREET  
DAVIE FL 33325-5008

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

65-0140560

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

WARNER, JACK D.  
6200 STIRLING ROAD  
DAVIE FL 33314

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 D ☐ Delete  
NAME SCHUPOLSKY, JAMES W  
STREET ADDRESS 14151 SW 26 ST.  
CITY-ST-ZIP DAVIE FL 33325-5008

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

TITLE D ☐ Delete  
NAME BOWERS, CLAUDIA  
STREET ADDRESS 1223 OLD CARROLLTON RD  
CITY-ST-ZIP DOUGLASVILLE GA

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

TITLE D ☐ Delete  
NAME MORAN, TERRY  
STREET ADDRESS 14151 SW 26TH ST.  
CITY-ST-ZIP DAVIE FL

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

TITLE D ☐ Delete  
NAME DAIMLER, CAROL  
STREET ADDRESS 3700 W 6TH LANE  
CITY-ST-ZIP HIALEAH FL

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

TITLE ED ☐ Delete  
NAME MORAN, YVONNE G. DR  
STREET ADDRESS 14151 SW 26 ST  
CITY-ST-ZIP DAVIE FL 33325-5008

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James Schupolsky* JAMES Schupolsky 2/3/00 954 4724440

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90094 002 \*\*\*\*61.25

B0020049



DO NOT WRITE IN THIS SPACE