

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36699

1. Entity Name

H. T. P. FOUNDATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 047 ****61.50

Principal Place of Business

Mailing Address

6515 TARAWA DR.
SARASOTA FL 34241
US

C/O JOHN MARX
6515 TARAWA DR.
SARASOTA FL 34241-5645
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2998394

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARX, JOHN
6515 TARAWA DR.
SARASOTA FL 34241

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	PT	<input type="checkbox"/> Delete
NAME	HENNESSY, DONALD	
STREET ADDRESS	3-300 INVERGORDON AVE.	
CITY-ST-ZIP	SCARBOROUGH, ONTARIO	
TITLE	T	<input type="checkbox"/> Delete
NAME	INCH, JACK	
STREET ADDRESS	6515 TARAWA DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	TST	<input type="checkbox"/> Delete
NAME	MARX, JOHN	
STREET ADDRESS	6515 TARAWA DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIX, MICHAEL	
STREET ADDRESS	82 LOWRY SQ.	
CITY-ST-ZIP	SCARBOROUGH, ONTARIO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Inch, Jack	
STREET ADDRESS	11412 Crystal Ave.	
CITY-ST-ZIP	Kansas City, Missouri 64134 U.S.A.	
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	Rix, Michael	
STREET ADDRESS	3 Beechcroft Court	
CITY-ST-ZIP	Whitby, Ontario Canada L1P 1C7	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John MARX 4/25/00

Date

941-371-3029

Daytime Phone #

CR2E037 (9/99)