2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **N36699** 1. Entity Name H. T. P. FOUNDATION, INC. 04-28-2001 90049 010 ****61.25 Principal Place of Business Mailing Address 6515 TARAWA DR. C/O JOHN MARX SARASOTA FL 34241 6515 TARAWA DR. SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2998394 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Roge Smuze Street Address (P.D. Box Number is Nonacceptable) MARX, JOHN SIESTA LANC 6515 TARAWA DR. SARASOTA FL 34241 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 5 e CRETPAY/ DIREctor Change TITLE □ Delete TITLE NAME HENNESSY, DONALD NAME ROGER SMYZER 260/5/25ta LANGILANGO, FL 33770 STREET ADDRESS STREET ADDRESS 3-300 INVERGORDON AVE. CITY-ST-ZIP CITY-ST-ZIP SCARBOROUGH, ONTARIO TITLE ☐ Delete TITLE INCH, JACK NAME NAME STREET ADDRESS STREET ADDRESS 11412 CRYSTAL AVE CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64134 **TST** TITLE Change ☐ Addition TITLE □ Delete NAME MARX, JOHN NAME MARX, JOHN LOISTARAWA DR STREET ADDRESS STREET ADDRESS 6515 TARAWA DR. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME RIX, MICHAEL NAME STREET ADDRESS STREET ADDRESS 3 BEECROFT CT CITY-ST-ZIP CITY-ST-ZIP WHITBY, ONT, CANADA L1-P1C7 TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4/26/61 (727)
422R Secretary Dipertor 585-9649

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: