

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90237 043 \*\*\*\*61.25

**DOCUMENT # N36699**

1. Entity Name

**H. T. P. FOUNDATION, INC.**

Principal Place of Business

**6515 TARAWA DR.  
 SARASOTA FL 34241  
 US**

Mailing Address

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

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

**59-2998394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SMYZER, ROGER  
 250 SIESTA LN  
 LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

**John Marx**

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

**6515 TARAWA DR**

City

**Sarasota**

**FL**

Zip Code

**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

**John Marx**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**April 19/02**

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 **SD** ☐ Delete  
 NAME **SMYZER, ROGER**  
 STREET ADDRESS **260 SIESTA LN**  
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **T** ☐ Delete  
 NAME **INCH, JACK**  
 STREET ADDRESS **11412 CRYSTAL AVE**  
 CITY-ST-ZIP **KANSAS CITY MO 64134**

TITLE **TD** ☐ Delete  
 NAME **MARK, JOHN**  
 STREET ADDRESS **6515 TARAWA DR.**  
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **T** ☐ Delete  
 NAME **RIX, MICHAEL**  
 STREET ADDRESS **3 BEECROFT CT**  
 CITY-ST-ZIP **WHITBY, ONT, CANADA L1P1C7**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **S.T. T.V.** ☒ Change ☐ Addition  
 NAME **MARK JOHN**  
 STREET ADDRESS **6515 TARAWA DR**  
 CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **A.T.** ☐ Change ☒ Addition  
 NAME **HENNESSY DON**  
 STREET ADDRESS **3-300 Invergordon Ave**  
 CITY-ST-ZIP **Toronto Ont. Canada M1S 4K7**

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:

**Don Hennessy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 19/02**

Date

**416-871-1878**

Daytime Phone #

CR2E037 (9/01)