

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91050 047 \*\*\*\*61.25

**DOCUMENT # N40350**

1. Entity Name

**THE COUNT AND COUNTESS DE HOERNLE FOUNDATION, INC.**



Principal Place of Business

**6055 S VERDE TR  
H320  
BOCA RATON FL 33433**

Mailing Address

**6055 S VERDE TR  
H320  
BOCA RATON FL 33433**

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 **65-0221652**

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

~~STEVEN GREENWARD~~  
~~6791 N. FEDERAL HWY SUITE 105~~  
~~BOCA RATON FL 33433~~

Name

**BANKIER M ADAM**

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

**4800 N. FEDERAL HWY SUITE 200E**

City

**BOCA RATON FL**

FL

Zip Code

**33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Countess de Hoernle*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | DP                      | <input type="checkbox"/> Delete |
| NAME           | HOERNLE, HENRIETTA      |                                 |
| STREET ADDRESS | 6055 S. VERDE TR #H-320 |                                 |
| CITY-ST-ZIP    | BOCA RATON FL           |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | DE HOERNLE, HENRIETTA   |                                 |
| STREET ADDRESS | 6055 S. VERDE TR #H-320 |                                 |
| CITY-ST-ZIP    | BOCA RATON FL           |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | OUSSANI, JAMES J.       |                                 |
| STREET ADDRESS | 875 E CAMINO REAL       |                                 |
| CITY-ST-ZIP    | BOCA RATON FL           |                                 |
| TITLE          | ST                      | <input type="checkbox"/> Delete |
| NAME           | HOERNLE, HENRIETTA      |                                 |
| STREET ADDRESS | 6055 S. VERDE TR #H-320 |                                 |
| CITY-ST-ZIP    | BOCA RATON FL           |                                 |
| TITLE          | CAROLINA WAGMAN D       | <input type="checkbox"/> Delete |
| NAME           | 1190 OVERBROOK CIR.     |                                 |
| STREET ADDRESS | YORK, PA. 17403         |                                 |
| 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          |  | <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    |  |   |
| 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 of Countess de Hoernle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (10/02)