

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 21, 2000 8:00 am**
Secretary of State

01-21-2000 90049 004 ****61.25

602897

DO NOT WRITE IN THIS SPACE

DOCUMENT # N46616

1. Entity Name

NATIONAL FEDERATION OF HUNGARIAN AMERICANS INC.

Principal Place of Business

Mailing Address

**3900 NORTH OCEAN DRIVE
SUITE 11A
LAUDERDALE-BY-THE-SEA FL 33308
US****3900 N OCEAN DRIVE
11-A
LAUDERDALE-BY-THE-SEA FL 33308-5904
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0313241

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

**DI LASCIO, RUDOLPH M. JR
5798 JOHNSON STREET
HOLLYWOOD FL 33021**

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 **SVPD** ☐ Delete
NAME **LENGYEL, DR A**
STREET ADDRESS **4206 43RD TERRACE E**
CITY-ST-ZIP **SARASOTA FL 34243**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TVPD** ☐ Delete
NAME **HAVERLAND, ATTILA**
STREET ADDRESS **2631 F RAMPART BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33983**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **HAYDU, GEORGE K**
STREET ADDRESS **3900 NORTH OCEAN DRIVE., STE 11-A**
CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA FL 33308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *H Lengyel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEDERAL LENDYEL Jan 7, 2000 941-351-8208

CR2E037 (9/99)