

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N46954**

1. Entity Name

**HUGHES FOUNDATION, INC.****FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90013 023 \*\*\*\*61.25

Principal Place of Business

**20 NORTH ORANGE AVENUE  
SUITE 200  
ORLANDO FL**

Mailing Address

**20 NORTH ORANGE AVENUE  
SUITE 200  
ORLANDO FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3167684**

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

**HUGHES, VINCENT S.  
521 WEST CENTRAL BLVD.  
ORLANDO FL 32801**Name  
**Hughes, Vincent S.**

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

**20 North Orange Avenue****Suite 200**City  
**Orlando,****FL**Zip Code  
**32801-4604**

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.  
**Vincent S. Hughes, Director**

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HUGHES, VINCENT S.**  
**521 WEST CENTRAL BLVD.**  
**ORLANDO FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition  
**Hughes, Vincent S.**  
**20 North Orange Avenue, Suite 200**  
**Orlando, Florida 32801-4604** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**HUGHES, DAVID H.**  
**20 NORTH ORANGE AVE. 200**  
**ORLANDO FL**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**MCCALL, WILLIAM E.**  
**501 NORTH ORANGE AVE.**  
**ORLANDO FL**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition  
**McCall, William E.**  
**201 E. Pine Street, Suite 550**  
**Orlando, Florida 32801** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (10/00)