

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46954

1. Entity Name

HUGHES FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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

FILED

02 FEB 11 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3167684

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

**HUGHES, VINCENT S.
20 NORTH ORANGE AVE
STE 200
ORLANDO FL 32801-4604**

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 **D** ☐ Delete
NAME **HUGHES, VINCENT S.**
STREET ADDRESS **20 NORTH ORANGE AVE STE 200**
CITY-ST-ZIP **ORLANDO FL 32801-4604**

TITLE ☐ Change ☐ Addition
NAME **000004900620-8**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUGHES, DAVID H.**
STREET ADDRESS **20 NORTH ORANGE AVE. 200**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete
NAME **MCCALL, WILLIAM E.**
STREET ADDRESS **201 E PINE STREET STE 550**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

Date

407-841-4755

Daytime Phone #

CR2E037 (9/01)



ACCOUNT NO. : 0721000000032

REFERENCE : 533955 *Patricia Pappas* 7107686

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE : February 11, 2002

ORDER TIME : 2:15 PM

ORDER NO. : 533955-015

~~000004900620-8~~

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal
Hughes Supply, Inc.
Suite 200
20 North Orange Avenue
Orlando, FL 32802-2273

ANNUAL REPORT FILING

NAME: HUGHES FOUNDATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

*STATE OF FLORIDA
DEPARTMENT OF STATE
SUSAN K. KNIGHT
TALLAHASSEE, FLORIDA*

EXAMINER'S INITIALS: _____

02 FEB 11 PM 3:02

RECEIVED