

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

DOCUMENT # **N46954**

1. Entity Name

HUGHES FOUNDATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 FEB 18 AM 11:43

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 & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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
Florida 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 ☐ Delete
NAME **000012697890** ☐ Addition
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 ☐ Delete
NAME ☐ Change ☐ Addition
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 ☐ Delete
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
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: [Signature]**

2-6-03

402-841-4155

CR2E037 (10/02)



ACCOUNT NO. : 072100000032

REFERENCE : 934140 7107686

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 61.25

ORDER DATE : February 18, 2003

ORDER TIME : 10:33 AM

ORDER NO. : 934140-005

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal
Hughes Supply, Inc.
Suite 200
20 North Orange Avenue
Orlando, FL 32801

ANNUAL REPORT FILING

NAME: HUGHES FOUNDATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____

RECEIVED
03 FEB 18 AM 11:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA