FILED

~2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 13, 2001 8:00 am Secretary of State DOCUMENT # N98000000225 1. Entity Name 01-29-2001 90125 005 \*\*\*\*61.25 THE WILLIAM HAUBEN HERITAGE FOUNDATION, INC. Principal Place of Business Mailing Address 2611 BAYSHORE 2611 BAYSHORE 30352 #804 TAMPA FL 33629 TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 34-5267240 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent والوادستان فالمرتتفانا HAUBEN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) ... 2611 BAYSHORE #804 **TAMPA FL 33629** City 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) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Deleta TITE F HAUBEN, SHELDON MARKE NAME 501 Knight Run ave. , # 220P Tampa, F/ 33602 STREET ADDRESS 200 COLONIAL HOME DR STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30309 CITY-ST-ZIP TOLE ☐ Defete TITLE ☐ Change ☐ Addition NAME FREEDMAN, RANDY NAME STREET ADDRESS 4702 KINROSS CT STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE 💢 Delete Addition Change NAME BRUIN, MARIAN - . NAME STREET ADDRESS 4711 S HIMES AVE #1109 STREET ADDRESS CETY-ST-ZIP **TAMPA FL 33611** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 177, 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 REQUIRED