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FILED
May 01, 2002 8:00 am
Secretary of State

02-11-2002 90172 037 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000225

1. Entity Name

THE WILLIAM HAUBEN HERITAGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

2611 BAYSHORE
#804
TAMPA FL 33629

2611 BAYSHORE
#804
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-5267240

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

Name

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

City

FL

Zip Code

**HAUBEN, WILLIAM
2611 BAYSHORE
#804
TAMPA FL 33629**

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

William Hauben

(NOTE: Registered Agent signature required when re-registering)

DATE

1/28/02

FILE NOW: FEE IS \$81.25

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
HAUBEN, SHELDON Delete
501 KNIGHT RUN AVENUE # 2208
TAMPA FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FREEDMAN, RANDY Delete
4702 KINROSS CT
VALRICO FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HAUBER, MINDY Delete
501 KNIGHT RUN AVENUE # 2208
TAMPA FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D Change Addition
WILLIAM HAUBEN
2611 BAYSHORE # 804
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D Delete
Jeffrey K. Plattis
2611 Bayshore Blvd #1803
Tampa FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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 817, 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

William Hauben 4/22/02
WILLIAM HAUBEN 3/10/02 253-0845
DIRECTOR

Date

Day/Year Phone #

CR2007 (9/01)