

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90215 035 ****70.00

DOCUMENT # N98000004638

1. Entity Name

HANNAH'S BUDDIES, INC., AN ANDREW'S BUDDIES CHAPTER



Principal Place of Business

**719 S ORLEANS AVE
TAMPA FL 33606**

Mailing Address

**POST OFFICE BOX 14457
TAMPA FL 33690**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3527816**

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

**HUNT, TIMOTHY A
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602**

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 **PD** ☐ Delete
NAME **ELLIOTT, DUNCAN**
STREET ADDRESS **719 SOUTH ORLEANS AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **VSD** ☐ Delete
NAME **ELLIOTT, LAURIE**
STREET ADDRESS **719 SOUTH ORLEANS AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **TD** ☐ Delete
NAME **HUNT, LEIGH F**
STREET ADDRESS **705 SOUTH FIELDING AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Laurie Elliott* **Laurie Elliott** **4-28-03 813-251-1611**

CR2E037 (10/02)

attachment
Doc # N980000034638
HANNAH'S BUDDIES
90132665

fightasma

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Honorary Chairman

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Texas Scottish Rite Hospital for Children

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Cold Spring Harbor Laboratory

Robert T. Leshner, M.D.
Virginia Commonwealth University
Health System

Christian Lorson, Ph.D.
Arizona State University

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University of Ottawa
Children's Hospital of Eastern Ontario

Harold G. Marks, M.D.
Children's Hospital of Philadelphia

Jerry R. Mendell, M.D.
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Robert G. Miller, M.D.
California Pacific Medical Center

Barry S. Russman, M.D.
Oregon Health & Science University
Shriners Hospital for
Children-Portland

Frederick J. Samaha, M.D.
University of Cincinnati

H. David Shine, Ph.D.
Baylor College

To Whom It May Concern:

I am sorry for getting this in the mail after May 1, 2003. It got pushed under some papers and mistakenly didn't get mailed. Please let us know if there is a problem.

Thank you -

Jamie Elliott
Hannah's Buddies

SMA is the number-one inherited cause of death of children under two.