

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000006747****1. Entity Name****THE EVA MAE HURST CHARITABLE FOUNDATION, INC.****Principal Place of Business**1025 E. SAMONA BLVD
STE. 1093
WINTER PARK
32792
US

FL

Mailing Address1025 E. SAMONA BLVD
STE. 1093
WINTER PARK
32792
US

FL

2. Principal Place of Business

455 S. ORANGE AVE

3. Mailing Address

455 S. ORANGE AVE

Suite, Apt. #, etc.

STE. 400

Suite, Apt. #, etc.

STE. 400

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number**91-1938570****Applied For****Not Applicable****Zip**

32801

Country

US

Zip

32801

Country

US

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**A.G.C. CO.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO
32801
US

FL

7. Name and Address of New Registered Agent**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** **05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER ROBIN	
STREET ADDRESS	950 S. WINTER PARK ROAD #301	
CITY-ST-ZIP	CASSELBERRY FL 32718	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSEN ANNE	
STREET ADDRESS	950 S. WINTER PARK ROAD #301	
CITY-ST-ZIP	CASSELBERRY FL 32718	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURST EVA M	
STREET ADDRESS	950 S. WINTER PARK ROAD #301	
CITY-ST-ZIP	CASSELBERRY FL 32718	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOVER PAUL	
STREET ADDRESS	950 S. WINTER PARK ROAD #301	
CITY-ST-ZIP	CASSELBERRY FL 32718	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERBST RICHARD	
STREET ADDRESS	950 S. WINTER PARK ROAD #301	
CITY-ST-ZIP	CASSELBERRY FL 32718	
TITLE	P	<input type="checkbox"/> Delete
NAME	HECTOR A. TICO PEREZ	
STREET ADDRESS	950 S. WINTER PARK ROAD #301	
CITY-ST-ZIP	CASSELBERRY FL 32718	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: Eva M. Hurst****D****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)