

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006747

FILED
May 30, 2002 8:00 AM
Secretary of State

Entity Name: THE EVA MAE HURST CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

455 S. ORANGE AVE
STE. 400
ORLANDO, FL 32801 US

New Principal Place of Business:

5730 LAKE LIZZIE DR
SAINT CLOUD, FL 34771 US

Current Mailing Address:

455 S. ORANGE AVE
STE. 400
ORLANDO, FL 32801 US

New Mailing Address:

3100 GREEN ACRES ROAD
SAINT CLOUD, FL 34772 US

FEI Number: 91-1938570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WINDERWEEDLE, HAINES, WARD AND WOODEMAN, P.A.
390 NORTH ORANGE AVE
SUITE 1500
ORLANDO, FL 32801 US

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: MYA KLAUSON

05/30/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HECTOR A. TICO PEREZ,
Address: 950 S. WINTER PARK ROAD #301
City-St-Zip: CASSELBERRY, FL 32718

Title: T () Delete
Name: HERBST, RICHARD
Address: 950 S. WINTER PARK ROAD #301
City-St-Zip: CASSELBERRY, FL 32718

Title: S () Delete
Name: HOOVER, PAUL
Address: 950 S. WINTER PARK ROAD #301
City-St-Zip: CASSELBERRY, FL 32718

Title: D () Delete
Name: HURST, EVA M
Address: 950 S. WINTER PARK ROAD #301
City-St-Zip: CASSELBERRY, FL 32718

Title: D () Delete
Name: OLSEN, ANNE
Address: 950 S. WINTER PARK ROAD #301
City-St-Zip: CASSELBERRY, FL 32718

Title: D () Delete
Name: SNYDER, ROBIN
Address: 950 S. WINTER PARK ROAD #301
City-St-Zip: CASSELBERRY, FL 32718

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HURST, EVA M
Address: 2245 DONATO DR
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA M HURST

D

05/30/2002

Electronic Signature of Signing Officer or Director

Date