


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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90972 048 \*\*\*\*61.25

<b>DOCUMENT # N99000003125</b>			
1. Entity Name <b>THE VERA AND IMRE HECHT FOUNDATION, INC.</b>			
Principal Place of Business LONGBOAT CLUB RD. #1102-S LONGBOAT KEY FL 34228		Mailing Address LONGBOAT CLUB RD. #1102-S LONGBOAT KEY FL 34228	
2. Principal Place of Business <b>2831 Ringling Blvd.</b>		3. Mailing Address <b>2831 Ringling Blvd.</b>	
Suite, Apt. #, etc. <b>119E</b>		Suite, Apt. #, etc. <b>119E</b>	
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>	
4. FEI Number <b>31-1652204</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34237</b>	Country <b>USA</b>	Zip <b>34237</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HECHT, IMRE H LONGBOAT CLUB RD. #1102-S LONGBOAT KEY FL 34228</b>		7. Name and Address of New Registered Agent Name <b>Gary A. Bucholtz, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2831 Ringling Blvd, 119E</b> City <b>Sarasota FL</b> Zip Code <b>34237</b>	
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 <i>Gary A. Bucholtz, CPA</i>		SIGNATURE <i>Gary A. Bucholtz, Director</i>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <b>4-3-03</b>		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT HECHT, IMRE H LONGBOAT CLUB RD. #1102-S LONGBOAT KEY FL 34228</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS HECHT, VERA LONGBOAT CLUB RD. #1102-S LONGBOAT KEY FL 34228</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEARDEN, ROGER 14 CREEKSIDE COURT CORTE MADERA CA 94925</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANDOR, ROBERT 574 WESTEND AVE BROOKLYN NY 11209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUCHOLTZ, GARY A CPA 2871 RINGLING BLVD #119E SARASOTA FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>IMRECH HECHT</i>		SIGNATURE: <i>[Signature]</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-3-03</b>	
		Daytime Phone #	

CR2E037 (10/02)