

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005961

1. Entity Name

HUGHES SUPPLY FOUNDATION, INC.

Principal Place of Business

20 NORTH ORANGE AVENUE #200  
ORLANDO FL 32801

Mailing Address

20 NORTH ORANGE AVENUE #200  
ORLANDO FL 32801

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

59-3602359

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
HUGHES, DAVID H  
20 NORTH ORANGE AVENUE #200  
ORLANDO FL 32801 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~COPD~~  
~~A. STEWART HALL, JR.~~  
~~20 NORTH ORANGE AVENUE #200~~  
~~ORLANDO FL 32801~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COPD  
THOMAS MORGAN  
20 NORTH ORANGE AVENUE #200  
ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFTD  
J. STEPHEN ZEPF  
20 NORTH ORANGE AVENUE #200  
ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800004787558

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSGC  
BUTTERFIELD, BENJAMIN P  
20 NORTH ORANGE AVENUE #200  
ORLANDO FL 32801 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~BVA~~  
~~STRICKLAND, SIDNEY J JR.~~  
~~20 NORTH ORANGE AVENUE #200~~  
~~ORLANDO FL 32801~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
A  
LAURA WRIGHT  
20 NORTH ORANGE AVENUE #200  
ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ATAS  
CLARK, JAY  
20 N. ORANGE AVE. #200  
ORLANDO FL 32801 ☐ 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 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:

*[Signature]*

FILED

02 JAN 22 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)



202

ACCOUNT NO. : 072100000032

REFERENCE : 804332 7107686

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 61.25

ORDER DATE : January 21, 2002

ORDER TIME : 2:25 PM

ORDER NO. : 804332-025

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal  
Hughes Supply, Inc.  
Suite 200  
20 North Orange Avenue  
Orlando, FL 32802-2273

RECEIVED  
02 JAN 22 AM 8:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HUGHES SUPPLY FOUNDATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: \_\_\_\_\_