

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27977

1. Entity Name

HOMER HOYT INSTITUTE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90024 022 ****61.25

Principal Place of Business

Mailing Address

**THE HOYT CENTER #300
 760 US HWY ONE
 NORTH PALM BEACH FL 33408**

**THE HOYT CENTER #300
 760 US HWY ONE
 NORTH PALM BEACH FL 33408-4419**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-6078282

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SELDIN, MAURY
 THE HOYT CENTER #300
 760 US HWY ONE
 N PALM BCH FL 33408**

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 Delete
 NAME **CD**
 STREET ADDRESS **SELDIN, MAURY**
 CITY-ST-ZIP **5380 N OCEAN DR II-14J
 SINGER ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **370 Date Palm Court, NE**
 CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE Delete
 NAME **ASD**
 STREET ADDRESS **HOWARD, THOMAS L.**
 CITY-ST-ZIP **801 PENNSYLVANIA AVE NW
 WASHINGTON DC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PTD**
 STREET ADDRESS **RACSTER, RONALD L.**
 CITY-ST-ZIP **1441C CLIFF COURT
 COLUMBUS OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **SMITH, HALBERT C.**
 CITY-ST-ZIP **1650 NW 22ND CIRCLE
 GAINESVILLE FL 32605**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **HOYT, MICHAEL R**
 CITY-ST-ZIP **3922 RICKOVER ROAD
 SILVER SPRINGS MD 20902**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VAT**
 STREET ADDRESS **DONOHUE, RON M**
 CITY-ST-ZIP **6372 143RD ST
 PBG FL 33418**

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: ~~SIGNATURE REQUIRED~~ Ron M. Donohue 4/13/00 (516)694-7621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)