

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002994

**Entity Name:** HORNIK FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

13627 SUNSHOWERS CIR.  
ORLANDO, FL 32828

**Current Mailing Address:**

13627 SUNSHOWERS CIR.  
ORLANDO, FL 32828 US

**FEI Number:** 65-0919356

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HORNIK, STEVEN R  
13627 SUNSHOWERS CIRCLE  
ORLANDO, FL 32828 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:** STEVEN HORNIK

01/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            HORNIK, STEVEN R  
Address        13627 SUNSHOWERS CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title            VP  
Name            HORNIK, TODD A  
Address        PO BOX 5522  
City-State-Zip: CARMEL CA 93921

Title            DIRECTOR, OFFICER  
Name            PARRITZ, ARI D  
Address        1026 PORTLAND AVE  
City-State-Zip: ST PAUL MN 55104

Title            VP, DIRECTOR, OFFICER  
Name            PARRITZ, ROBIN H  
Address        2242 FIELDSTONE DRIVE  
City-State-Zip: MENDOTA HEIGHTS MN 55120

Title            DIRECTOR, OFFICER  
Name            PARRITZ, ADAM  
Address        364 PENNSYLVANIA PARK  
City-State-Zip: LEXINGTON KY 40508

Title            DIRECTOR, SECRETARY  
Name            VAZQUEZ, MELISSA  
Address        71 WEST HUBBARD ST  
                  APT 1711  
City-State-Zip: CHICAGO IL 60654

Title            DIRECTOR, OFFICER  
Name            PARRITZ, JESSE SAMUEL  
Address        366 W SUPERIOR ST  
                  UNIT 604  
City-State-Zip: CHICAGO IL 60654

*I hereby 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 all other like empowered.*

**SIGNATURE:** MELISSA VAZQUEZ

**DIRECTOR, SECRETARY**    01/03/2023

Electronic Signature of Signing Officer/Director Detail

Date