

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N92000000573 (7)**

1. Corporation Name

THE ARLENE UTZ HOLLINGER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**325 VILLA DRIVE SOUTH
ATLANTIS FL .**

**2 S BISCAYNE BLVD
SUITE 3400
MIAMI FL 33131-1897**



3. Date Incorporated or Qualified **12/02/1992** 3a. Date of Last Report **04/24/1996**

| | | | |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0386804 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24. Country | 29. Country | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400 - ONE BISCAYNE TOWER
MIAMI FL 33131**

| | |
|--|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | 85. Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLLINGER, ARLENE U | 1.2 NAME | |
| STREET ADDRESS | 325 VILLA DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTIS FL | 1.4 CITY-ST-ZIP | |
| TITLE | CVP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICE, ANDREA | 2.2 NAME | |
| STREET ADDRESS | 7200 SW 48 CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | DST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICE, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | CARLYLE STR & CLEARVIEW RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HANOVER PA | 3.4 CITY-ST-ZIP | |
| TITLE | CVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, SUZANNE | 4.2 NAME | |
| STREET ADDRESS | 131 TARAPIN TRAIL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, ESTELLE | 5.2 NAME | |
| STREET ADDRESS | 2596 HANOVER PIKE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HANOVER PA 17331 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAABS, GARY L | 6.2 NAME | |
| STREET ADDRESS | 228 N STEPHEN PLACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | HANOVER PA 17331 | 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature] 2/5/97 (305) 325-5000

CR2E037 (9/96)