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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90186 006 \*\*\*\*61.25

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1. Corporation Name

THE ARLENE UTZ HOLLINGER FOUNDATION, INC.

Principal Place of Business

325 VILLA DRIVE SOUTH  
ATLANTIS FL

Mailing Address

2 S BISCAYNE BLVD  
SUITE 3400  
MIAMI FL 33131



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/02/1992

4. FEI Number

65-0386804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP  
NAME HOLLINGER, ARLENE U  
STREET ADDRESS 325 VILLA DRIVE  
CITY-ST-ZIP ATLANTIS FL

TITLE CVP ☐ DELETE

NAME RICE, ANDREA  
STREET ADDRESS 7200 CAPILLA CT  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE DST ☐ DELETE

NAME RICE, MICHAEL  
STREET ADDRESS 900 HIGH ST  
CITY-ST-ZIP HANOVER PA 17331

TITLE CVP ☐ DELETE

NAME RICE, SUZANNE  
STREET ADDRESS 6161 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE D ☐ DELETE

NAME KING, ESTELLE  
STREET ADDRESS 2596 HANOVER PIKE  
CITY-ST-ZIP HANOVER PA 17331

TITLE D ☐ DELETE

NAME LAABS, GARY L  
STREET ADDRESS 228 N STEPHEN PLACE  
CITY-ST-ZIP HANOVER PA 17331

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Arlene U. Hollinger* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLENE U. HOLLINGER

2/24/99 (305) 376-6000

Date

Daytime Phone #

CR2E037 (11/98)