


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90253 009 ****61.25

DOCUMENT # N97000004788

1. Entity Name
THE KIRK FOUNDATION, INC.



Principal Place of Business
**801 BRICKELL AVE
#2250
MIAMI FL 33131**

Mailing Address
**801 BRICKELL AVE
#2250
MIAMI FL 33131**

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 **26-4362150**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANDSTROM, FREDERICK H
801 BRICKELL AVE
#2250
MIAMI FL 33131**

7. Name and Address of New Registered Agent


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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

DATE **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

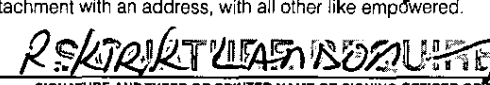
10. OFFICERS AND DIRECTORS

TITLE NAME	D KIRK, LONDON R	<input type="checkbox"/> Delete
STREET ADDRESS	255 ALHAMBRA CR STE 820	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME	D GASTON, GERALD N	<input type="checkbox"/> Delete
STREET ADDRESS	110 GREEN TURTLE WAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE NAME	D SANDSTROM, FREDERICK H	<input type="checkbox"/> Delete
STREET ADDRESS	801 BRICKELL AVE. #2250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE NAME	D STALEY, KATHLEEN A	<input type="checkbox"/> Delete
STREET ADDRESS	2227 RALENE STREET	
CITY-ST-ZIP	SAN DIEGO CA 92105	
TITLE NAME	D LANDON, CHRIS J	<input type="checkbox"/> Delete
STREET ADDRESS	339 SYLVAN ACRES ROAD	
CITY-ST-ZIP	WAYNESVILLE NC 28785	
TITLE NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **4/29/03 305/442-118**

CR2E037 (10/02)