

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90136 006 \*\*\*\*61.25

**DOCUMENT # N98000003264**

1. Entity Name

**STANLEY FOUNDATION, INC.**

Principal Place of Business

**520 INTERLACHEN AVENUE  
 WINTER PARK FL 32789**

Mailing Address

**P.O. BOX 644  
 WINTER PARK FL 32790-0644  
 US**

**706995**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**1025 Orange Ave**

City & State

City & State

**Winter Park FL**

4. FEI Number

**59-3514379**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32789**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, SUSAN S  
 520 INTERLACHEN AVENUE  
 WINTER PARK FL 32789**

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.

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TAYLOR, SUSAN S</b>
STREET ADDRESS	<b>520 INTERLACHEN AVENUE</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TAYLOR, JAMES R II</b>
STREET ADDRESS	<b>520 INTERLACHEN AVENUE</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STANLEY, THOMAS B III</b>
STREET ADDRESS	<b>1302 WESLEY PL. NW</b>
CITY-ST-ZIP	<b>ATLANTA GA 30327</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SUSAN S TAYLOR** **S. Taylor** 1/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #