

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90118 032 ****61.25

DOCUMENT # N99000002938

1. Entity Name

G. KENNETH AND ETHEL L. HANDLEY FOUNDATION, INC.

Principal Place of Business

Mailing Address

ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI FL 33131

ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI FL 33131-1715

00010719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

617 Isle of Palms Drive

3. Mailing Address

2400 E. Las Oler Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 423

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

58-2469598

Applied For

Not Applicable

Zip

33301

Country

US

Zip

33301

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
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.

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	Director	☐ Delete
NAME	Richard L. Handley	
STREET ADDRESS	617 Isle of Palms Drive	
CITY-ST-ZIP	FT. Lauderdale, FL 33301	
TITLE	Director	☐ Delete
NAME	Helen H. Houghton	
STREET ADDRESS	1016 Fifth Ave	
CITY-ST-ZIP	New York, NY 10028	
TITLE	Director	☐ Delete
NAME	Stephen L. Handley	
STREET ADDRESS	10 Azure Bnc P.O. Box 630	
CITY-ST-ZIP	Grantham, NH 03753	
TITLE	Director	☐ Delete
NAME	G. Kenneth Handley, Jr.	
STREET ADDRESS	724 Freeze Creek Circle	
CITY-ST-ZIP	Salt Lake City, UT 84108	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 receiving 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

954-627-5036

Date

Daytime Phone #