

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90099 017 ****61.25

0045093

DOCUMENT # N99000002938

1. Entity Name

~~G. KENNETH AND ETHEL~~ ^{The} **HANDLEY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**617 ISLE OF PALMS DR
 FORT LAUDERDALE FL 33301**

**2400 E LAS OLAS BLVD, #423
 FORT LAUDERDALE FL 33301**

606984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2400 E Las Olas Blvd

423

Fort. Lauderdale, FL

33301

Broward

4. FEI Number

58-2469598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. THIRD AVE., 28TH FLOOR
 MIAMI FL 33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLEY, RICHARD L 617 ISLE OF PALMS DR FORT LAUDERDALE FL 33301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGHTON, HELEN H 1016 FIFTH AVE NEW-YORK NY 10028	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLEY, STEPHEN L 10 AZURE BRAC PO BOX 630 GRANTHAM NH 03753	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLEY, KENNETH G JR 724 FREEZE CREEK CIR SALT LAKE CITY UT 84108	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Richard L. Handley **Richard L. Handley** 1/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)