

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90137 007 \*\*\*\*61.25

**DOCUMENT # P31246**

1. Entity Name  
 Helen Keller Worldwide  
**HELEN KELLER INTERNATIONAL, INCORPORATED**

Principal Place of Business 90 WASHINGTON ST. NEW YORK NY 10006	Mailing Address 90 WASHINGTON ST. 15TH FLOOR NEW YORK NY 10006-1039 US
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2. Principal Place of Business 90 West Street	3. Mailing Address 90 West Street
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

City & State New York, NY	City & State New York, NY	4. FEI Number 13-5562162	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 10006	Country Manhattan	Zip 10006	Country Manhattan	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  BROWN, STACY DANIEL 110 SHEPHERD TRAIL LONGWOOD FL 32750		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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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 \_\_\_\_\_ (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	P PALMER, JOHN 90 WASHINGTON ST, H KELLER INT NEW YORK CITY NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 90 West Street, Suite 200 New York, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FORD, HADLEY 1345 AVENUE OF THE AMERICAS NEW YORK NY 10105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Lo Ra, Louis 90 West Street, #200 New York, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WATSON, JR. M P. O. BOX 2530 N/A JUPITER FL 33468 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR 3625 Island Road Palm Beach Gardens, FL 33468-2530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROCK, MITCHELL 323 PILOT POINT LANE BOCA GRANDE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SISLER, DANIEL G. 411 WAREN HALL ITHACA NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CITRON, JOHN 36 JESSE ELFREDGERD SOUTH HARWICH MA 12661 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 02661

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: *Louis Lo Ra* Dir. of Dover 3/23/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)