

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719013

1. Entity Name

THE KIRK A. AND DOROTHY P. LANDON FOUNDATION, IN

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90059 041 \*\*\*\*61.25

Principal Place of Business

11222 QUAIL ROOST DRIVE  
MIAMI FL 33159-543  
US

Mailing Address

11222 QUAIL ROOST DRIVE  
MIAMI FL 33159-543  
US

2. Principal Place of Business

11780 U.S.Hwy. One

3. Mailing Address

11780 U.S.Hwy. One

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State  
North Palm Beach, FL

City & State  
North Palm Beach, FL

4. FEI Number

23-7148133

Applied For

Not Applicable

Zip Country  
33408 USA

Zip Country  
33408 USA

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

6. Name and Address of Current Registered Agent

LYNCH, STEPHEN A III  
700 BRICKELL AVENUE  
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

After September 13, 2000 min. will be \$236.25

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 PD  
NAME LANDON, R. KIRK  
STREET ADDRESS 11222 QUAIL ROOST DRIVE  
CITY-ST-ZIP MIAMI FL 33157-6543 ☐ Delete

TITLE D  
NAME LYNCH, STEPHEN A III  
STREET ADDRESS 700 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE STD  
NAME HART, THOMAS F  
STREET ADDRESS 595 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME Landon, R. Kirk ☒ Change ☐ Addition  
STREET ADDRESS 255 Alhambra Circle, Suite 820  
CITY-ST-ZIP Coral Gables, FL 33134-7412

TITLE  
NAME Johnson, Jeffrey L. ☐ Change ☒ Addition  
STREET ADDRESS 11780 U. S. Hwy. One, Suite 100  
CITY-ST-ZIP North Palm Beach, FL 33408

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00 (305) 372-1000

Date

Daytime Phone #

CR2E037 (5/00)