

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90047 002 \*\*\*\*61.25

**DOCUMENT # 719013**

1. Entity Name

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

Principal Place of Business

11780 US HWY 1  
STE 100  
NORTH PALM BEACH FL 33408  
US

Mailing Address

11780 US HWY 1  
STE 100  
NORTH PALM BEACH FL 33408  
US

2. Principal Place of Business

**255 ALHAMBRA CIRCLE**

Suite, Apt. #, etc.

**SUITE 820**

City & State

**MIAMI, FL**

Zip

**33134**

Country **USA**

**MIAMI-DADE**

3. Mailing Address

**255 ALHAMBRA CIRCLE**

Suite, Apt. #, etc.

**SUITE 820**

City & State

**MIAMI, FL**

Zip

**33134**

Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**23-7148133**

Applied For

Not Applicable

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**

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** ☐ Delete  
NAME **LANDON, R. KIRK**  
STREET ADDRESS **255 ALHAMBRA CIRCLE STE 820**  
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE **D** ☒ Delete  
NAME **JOHNSON, JEFFERY**  
STREET ADDRESS **11780 US HWY 1 STE 100**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **DIRECTOR** ☐ Change ☒ Addition  
NAME **KATHLEEN A. STALEY**  
STREET ADDRESS **9133 STONECREST BLVD.**  
CITY-ST-ZIP **SAN DIEGO, CA. 92123**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **STEVEN KASS**  
STREET ADDRESS **11711 N. ISLAND ROAD**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JAMES SCHWADE**  
STREET ADDRESS **10 EDGEWATER DRIVE, #15A**  
CITY-ST-ZIP **CORAL GABLES, FL 33133**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **DOUGLAS D. SEIFERT**  
STREET ADDRESS **300 BEACH ROAD, PH NORTH**  
CITY-ST-ZIP **JUPITER, FLA 33469**

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 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

**STEVEN KASS**

Date

Daytime Phone #

**4/27/01 (305) 347-6899**

CR2E037 (10/00)