

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90142 040 \*\*\*\*61.25

DOCUMENT # 719013

1. Entity Name

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

Principal Place of Business

Mailing Address

255 ALHAMBRA CIRCLE  
 STSE 820  
 MIAMI FL 33134  
 US

255 ALHAMBRA CIRCLE  
 STSE 820  
 MIAMI FL 33134  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

LYNCH, STEPHEN A III  
 700 BRICKELL AVENUE  
 MIAMI FL 33131

Name Fred Sandstrom

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

Bessemer Trust801 Brickell AvenueCity Miami

FL

Zip Code 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]

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 D ☐ Delete  
 NAME STALEY, KATHLEEN A  
 STREET ADDRESS 9733 STONECREST BLVD  
 CITY-ST-ZIP SAN DIEGO CA 92123

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

TITLE D ☐ Delete  
 NAME KAAS, STEVEN  
 STREET ADDRESS 11711 N ISLAND ROAD  
 CITY-ST-ZIP COOPER CITY FL 33026

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

TITLE D ☐ Delete  
 NAME SCHWADE, JAMES  
 STREET ADDRESS 10 EDGEWATER DR 15 A  
 CITY-ST-ZIP CORAL GABLES FL 33133

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

TITLE D ☐ Delete  
 NAME SEIFERT, DOUGLAS D  
 STREET ADDRESS 300 BEACH ROAD  
 CITY-ST-ZIP JUPITER FL 33469

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

TITLE D ☐ Delete  
 NAME Rosa Santiago  
 STREET ADDRESS 255 Alhambra Circle, # 820  
 CITY-ST-ZIP Miami, FL 33134

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

TITLE ☐ Delete  
 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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment 35311  
7/19/013

The signature in  
box #8 and #12  
is Fred Sandstrom's  
signature.

Thanks,  
Courtney  
Damen