

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90498 018 \*\*\*\*\*61.25

**DOCUMENT # N09898**

1. Entity Name

**THE CHARLES N. AND ELEANOR KNIGHT LEIGH FOUNDATI  
ON, INC.**



Principal Place of Business

**C/O JACK G. ADMIRE  
2511 PONCE DE LEON BLVD., STE.320  
CORAL GABLES FL 33134**

Mailing Address

**C/O JACK G. ADMIRE  
2511 PONCE DE LEON BLVD., STE.320  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2562596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ADMIRE, JACK G.  
2511 PONCE DE LEON BLVD.  
STE.320  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ Delete  
NAME **WEST, MARILYN**  
STREET ADDRESS **2511 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **DP** ☐ Delete  
NAME **ADMIRE, JACK G.**  
STREET ADDRESS **2511 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **DST** ☐ Delete  
NAME **SULLIVAN, JOHN C., JR.**  
STREET ADDRESS **2511 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Delete  
NAME **ADMIRE, RUTH S**  
STREET ADDRESS **2511 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Delete  
NAME **ADMIRE, JOHN G**  
STREET ADDRESS **2511 PONCE DE LEON BLVD**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

**JACK G. ADMIRE**

**11/13/03**

**305 444 6124**

CR2E037 (10/02)