


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90730 030 \*\*\*\*61.25

0024379

<b>DOCUMENT # 719013</b>	
1. Entity Name <b>THE KIRK A. AND DOROTHY P. LANDON FOUNDATION, IN C.</b>	

Principal Place of Business <b>255 ALHAMBRA CIRCLE STSE 820 MIAMI FL 33134 US</b>	Mailing Address <b>255 ALHAMBRA CIRCLE STSE 820 MIAMI FL 33134 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

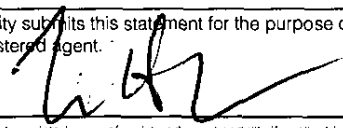
☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>23-7148133</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SANDSTROM, FRED BESSEMER TRUST 801 BRICKELL AVE. MIAMI FL 33131</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 	DATE <b>4/30/03</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STALEY, KATHLEEN A</b> <b>9733 STONECREST BLVD</b> <b>SAN DIEGO CA 92123</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAAS, STEVEN</b> <b>11711 N ISLAND ROAD</b> <b>COOPER CITY FL 33028</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHWADE, JAMES</b> <b>10 EDGEWATER DR 15 A</b> <b>CORAL GABLES FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEIFERT, DOUGLAS D</b> <b>300 BEACH ROAD</b> <b>JUPITER FL 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTIAGO, ROSA</b> <b>255 ALHAMBRA CIRCLE, #820</b> <b>MIAMI FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	DATE: <b>4/29/03</b>	DAYTIME PHONE #: <b>305/442-1118</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (10/02)