

2000 UNIFORM BUSINESS REPORT (UBR)

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

08-28-2000 90059 041 ***61.25

DOCUMENT # 719013

1. Entity Name

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

P

Principal Place of Business

Mailing Address

11222 QUAIL ROOST DRIVE
 MIAMI FL 33159-543
 US

11222 QUAIL ROOST DRIVE
 MIAMI FL 33159-543
 US

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11780 U.S.Hwy. One

3. Mailing Address

11780 U.S.Hwy. One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

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

7. Name and Address of New Registered Agent

LYNCH, STEPHEN A III
 700 BRICKELL AVENUE
 MIAMI FL 33131

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 *Stephen A. Lynch*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8/16/00
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDON, R. KIRK 11222 QUAIL ROOST DRIVE MIAMI FL 33157-6543	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, STEPHEN A III 700 BRICKELL AVENUE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HART, THOMAS F 595 BILTMORE WAY CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Landon, R. Kirk 255 Alhambra Circle, Suite 820 Coral Gables, FL 33134-7412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson, Jeffrey L. 11780 U. S. Hwy. One, Suite 100 North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: *Signature Required*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00 (305) 372-1000
 Date Daytime Phone #

CR2E037 (5/00)