

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90662 001 ****61.25

0052018

DOCUMENT # N00000004250

1. Entity Name

THE CARLEN LEGHORN KELLY FOUNDATION, INC.

Principal Place of Business

**4788 OAK HILL DR
SARASOTA FL 34232**

Mailing Address

**4788 OAK HILL DR
SARASOTA FL 34232**

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

65-1020394

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

**LEGHORN KELLY, CARLEN
4788 OAK HILL DR
SARASOTA FL 34232**

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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	LEGHORN KELLY, CARLEN	
STREET ADDRESS	4788 OAK HILL DR	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	D	<input type="checkbox"/> Delete
NAME	ELIZABETH KELLY, AMBER	
STREET ADDRESS	4788 OAK HILL DR	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD KELLY, BRANDON	
STREET ADDRESS	4788 OAK HILL DR	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	D	<input type="checkbox"/> Delete
NAME	MURCHISON LEGHORN, KENNETH	
STREET ADDRESS	700 JOHN RINGLING BLVD, #2006	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	D	<input type="checkbox"/> Delete
NAME	HANAN, BENJAMIN R	
STREET ADDRESS	240 S PINEAPPLE AVE, 10TH FLOOR	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 (441) 377-9497
Date Daytime Phone #

CR2E037 (9/01)