

9/6/01-90011-030-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005025**

1. Entity Name

THE CHRISTINE DUNCAN LEGHORN FOUNDATION, INC.

Principal Place of Business

700 JOHN RINGLING BLVD. #2006
SARASOTA FL 34236

Mailing Address

11 WALKER RD
BEVERLY MA 01915

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

65-6336849

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

MURCHISON LEGHORN, KENNETH
700 JOHN RINGLING BLVD. #2006
SARASOTA FL 34236

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. 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
NAME DUNCAN LEGHORN, CHRISTINE
STREET ADDRESS 11 WALKER RD
CITY-ST-ZIP BEVERLY MA 01915 ☐ DeleteTITLE TD
NAME LEGHORN, ELIZABETH
STREET ADDRESS 700 JOHN RINGLING BLVD. #2006
CITY-ST-ZIP SARASOTA FL 34236 ☐ DeleteTITLE SD
NAME MURCHISON LEGHORN, KENNETH
STREET ADDRESS 700 JOHN RINGLING BLVD. #2006
CITY-ST-ZIP SARASOTA FL 34236 ☐ DeleteTITLE D
NAME HANAN, BENJAMIN R
STREET ADDRESS 240 S PINEAPPLE AVE, 10TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236 ☐ DeleteTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01

928-727-5519

Daytime Phone

CR2E037 (5/01)

AD