

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005326

1. Entity Name

THE SUSAN LEGHORN FONTAINE FOUNDATION, INC.

Principal Place of Business

700 JOHN RINGLING BLVD. #2006
SARASOTA FL 34236

Mailing Address

2210 HOWARD PL
BOULDER CO 80305

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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.

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
After September 12, 2001, 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

TITLE PD
NAME LEGHORN FONTAINE, SUSAN
STREET ADDRESS 2210 HOWARD PL
CITY-ST-ZIP BOULDER CO 80303 ☐ Delete

TITLE TD
NAME ALANE, JOHN
STREET ADDRESS 2210 HOWARD PL
CITY-ST-ZIP BOULDER CO 80303 ☐ Delete

TITLE SD
NAME FONTAINE, JYOTI
STREET ADDRESS 2210 HOWARD PL
CITY-ST-ZIP BOULDER CO 80303 ☐ Delete

TITLE D
NAME HANAN, BENJAMIN R
STREET ADDRESS 240 S PINEAPPLE AVE, 10TH FLOOR
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP new zip/Boulder 80305 ☒ Change ☐ Addition

TITLE
NAME John Allen Fontaine
STREET ADDRESS 2210 Howard Pl.
CITY-ST-ZIP Boulder Co. 80305 ☒ Change ☐ Addition Correction

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP new zip 80305 ☒ Change ☐ Addition

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

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

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

FEI # 58-2564674

9/4/01

303-449-8076

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90065 043 ****61.25

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DO NOT WRITE IN THIS SPACE

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