

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000001929**

1. Entity Name

JANET AND STANLEY KANE FOUNDATION, INC.**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90162 025 ****61.25

Principal Place of Business

Mailing Address

--- **NORSOTA WAY**
SARASOTA FL 34242**539 NORSOTA WAY**
SARASOTA FL 34242-1029

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

65-0405758

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANE, STANLEY B
539 NORSOTA WAY
SARASOTA FL 34242

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PTD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KANE, STANLEY B	539 NORSOTA WAY	SARASOTA FL						
	VPSD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KANE, JANET	539 NORSOTA WAY	SARASOTA FL						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KANE-HARTNETT, BETSY	6131 GULF OF MEXICO BLVD	LONGBOAT KE						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KANE-HELLWEG, PRISCILLA	1036 NORTHAMPTON ST	HOLYOKE MA						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KANE, KATHERINE	BRAEBURN FARM	FREE UNION VA						
				<input type="checkbox"/> Delete					<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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/00 941-349-8804

Date

Daytime Phone #

CR2E037 (9/99)