

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90137 018 ****61.25

DOCUMENT # N93000001929

1. Entity Name

JANET AND STANLEY KANE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**539 NORSOTA WAY
 SARASOTA FL 34242**

**539 NORSOTA WAY
 SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0405758

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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 \$61.25

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 **PTD** ☐ Delete
 NAME **KANE, STANLEY B**
 STREET ADDRESS **539 NORSOTA WAY**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **VPSD** ☐ Delete
 NAME **KANE, JANET**
 STREET ADDRESS **539 NORSOTA WAY**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete
 NAME **KANE-HARTNETT, BETSY**
 STREET ADDRESS **6131 GULF OF MEXICO BLVD**
 CITY-ST-ZIP **LONGBOAT KE**

TITLE **D** ☒ Change ☐ Addition
 NAME **Kane-Hartnett, Betsy**
 STREET ADDRESS **1405 Westbrook Drive**
 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **D** ☐ Delete
 NAME **KANE-HELLWEG, PRISCILLA**
 STREET ADDRESS **1036 NORTHAMPTON ST**
 CITY-ST-ZIP **HOLYOKE MA**

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

TITLE **D** ☐ Delete
 NAME **KANE, KATHERINE**
 STREET ADDRESS **BRAEBURN FARM**
 CITY-ST-ZIP **FREE UNION VA**

TITLE **D** ☒ Change ☐ Addition
 NAME **Kane, Katherine**
 STREET ADDRESS **4284 Ballards Mill Road**
 CITY-ST-ZIP **Free Union, VA 22940**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

Stanley B. Kane

SIGNATURE REQUIRED

Stanley B. Kane, President

01/28/02

941-346-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)