

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90031 045 \*\*\*\*61.25

**DOCUMENT # N96000001620**

1. Entity Name

**THE DANIEL KANE FAMILY FOUNDATION, INC.**

Principal Place of Business

1127 WESTWAY DRIVE  
SARASOTA FL 34236

Mailing Address

1127 WESTWAY DRIVE  
SARASOTA FL 34236-1118

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

**65-0654997**

Applied For

Not Applied For

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, DANIEL**  
**1127 WESTWAY DRIVE**  
**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 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

TITLE ☐ Delete

NAME **KANE, DANIEL**  
STREET ADDRESS **1127 WESTWAY DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete

NAME **STD**  
NAME **ROBBINS, WENDY K**  
STREET ADDRESS **561 HARBOR POINT ROAD**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete

NAME **VD**  
NAME **KANE, PAUL D**  
STREET ADDRESS **CLOTTED COTTAGE 7 ELYASTONMEWS**  
CITY-ST-ZIP **LONDON EN**

TITLE ☐ Delete

NAME **D**  
NAME **KANE, TICIA**  
STREET ADDRESS **89 TOWN FARM ROAD**  
CITY-ST-ZIP **WILLIAMSBURG MA 01096**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **STD**  
NAME **ROBBINS, WENDY K**  
STREET ADDRESS **37 CLABON MEWS**  
CITY-ST-ZIP **LONDON, SW1X 0EQ, ENGLAND**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:** *Daniel Kane* **REQUIRED** Daniel Kane, President

1/11/00

(941) 338-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #