

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90137 024 \*\*\*\*61.25

**DOCUMENT # N96000001620**

1. Entity Name

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

Principal Place of Business

Mailing Address

**614 SOUTH OWL DRIVE  
SARASOTA FL 34236****614 SOUTH OWL DRIVE  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0654997**

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

**KANE, DANIEL  
614 SOUTH OWL 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **KANE, DANIEL**  
STREET ADDRESS **614 SOUTH OWL DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34236**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **STD** ☐ Delete  
NAME **ROBBINS, WENDY K**  
STREET ADDRESS **37 CLABON MEWS**  
CITY-ST-ZIP **LONDON, SWIX OEQ, ENGLAND CO**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **KANE, PAUL D**  
STREET ADDRESS **CLOTTED COTTAGE 7 ELYASTONMEWS**  
CITY-ST-ZIP **LONDON EN**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **KANE, TICIA**  
STREET ADDRESS **89 TOWN FARM ROAD**  
CITY-ST-ZIP **WILLIAMSBURG MA 01096**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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 DANIEL KANE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel Kane, President****01/17/02 941-388-2288**

Date

Daytime Phone #

CR2E037 (9/01)