

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90040 040 \*\*\*\*61.25

**DOCUMENT # N96000001620**

1. Entity Name  
**THE DANIEL KANE FAMILY FOUNDATION, INC.**



Principal Place of Business  
**614 SOUTH OWL DRIVE  
SARASOTA, FL 34236**

Mailing Address  
**614 SOUTH OWL DRIVE  
SARASOTA, FL 34236**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**KANE, DANIEL  
614 SOUTH OWL DRIVE  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel Kane**

**1/13/04**

Date

**941-906-7700**

Daytime Phone #

*Attachment*

THE DANIEL KANE FAMILY FOUNDATION, INC.

614 South Owl Drive  
Sarasota, Florida 34236

#N96000001620

January 19, 2004

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Registration Section  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Dear Sir/Madam:

Re: 2004 Uniform Business Report  
The Daniel Kane Family Foundation, Inc.  
Document #N96000001620

I enclose for filing the State of Florida's 2004 Uniform Business Report ("UBR") on behalf of The Daniel Kane Family Foundation, Inc., together with check no. 327, in the amount of \$61.25, payable to the Florida Department of State for the filing fee for the Uniform Business Report.

If any additional information is sought, kindly advise me.

Would you kindly acknowledge receipt and filing of the ~~2004 Uniform Business Report for The Daniel Kane Family~~ Foundation, Inc. and the filing fee by signing and returning a copy of this letter in the enclosed envelope.

Sincerely,

*Daniel Kane*

Daniel Kane  
President

Attachment

Uniform Business Report  
Division of Corporations  
January 19, 2004  
Page Two

FN96000001620

Receipt and filing of the above described  
2004 Uniform Business Report and filing  
fee on behalf of The Daniel Kane Family Foundation, Inc.  
on this \_\_\_\_\_ day of January, 2004.

Division of Corporations, State of Florida