## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 23, 2001 8:00 am DOCUMENT # N99000002938 **Secretary of State** 1. Entity Name HANDLEY FOUNDATION, INC. 01-23-2001 90099 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 2400 E LAS OLAS BLVD, #423 617 ISLE OF PALMS DR 606984 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 2400 Elas Obn Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 58-2469598 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE., 28TH FLOOR **MIAMI FL 33131** City 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change Addition TITLE Delete HANDLEY, RICHARD L NAME NAME STREET ADDRESS STREET ADDRESS 617 ISLE OF PALMS DR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 TI enange ☐ Delete TITLE Addition TITLE HOUGHTON, HELEN H NAME NAME STREET ADDRESS STREET ADDRESS 1016 FIFTH AVE CITY-ST-ZIP CITY-ST-ZIP NEW-YORK NY 10028 TITLE Delete TITLE Change Addition HANDLEY, STEPHEN L NAME NAME STREET ADDRESS STREET ADDRESS 10 AZURE BRAC PO BOX 630 CITY-ST-ZIP CITY-ST-ZIP **GRANTHAM NH 03753** TITLE ☐ Delete TITLE 10 Change ☐ Addition NAME HANDLEY, KENNETH G JR NAME STREET ADDRESS STREET ADDRESS 724 FREEZE CREEK CIR CITY-ST-ZIP CITY-ST-7IF SALT LAKE CITY UT 84108 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme