## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 17, 2002 8:00 am Secretary of State DOCUMENT # **N99000002938** THE HANDLEY FOUNDATION, INC. 02-17-2002 90097 038 \*\*\*\*61.25 Principal Place of Business Mailing Address 617 ISLE OF PALMS DR 2400 E LAS OLAS BLVD FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2469598 Not Applicable Zip Country 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 Name 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DVS CR2E037 (9/01) Delete TITLE ☐ Addition Change NAME HANDLEY, RICHARD L NAME STREET ADDRESS STREET ADDRESS 617 ISLE OF PALMS DR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete TITLE ☐ Change ☐ Addition HOUGHTON, HELEN H 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 STREET ADDRESS STREET ADDRESS 10 AZURE BRAC PO BOX 630 CITY-ST-ZIP CITY-ST-ZIP GRANTHAM NH 03753 TITLE Delete TITLE Change ☐ Addition NAME HANDLEY, KENNETH G JR NAME STREET ADDRESS STREET ADDRESS 724 FREEZE CREEK CIR CITY-ST-ZIP CITY-ST-7IP SALT LAKE CITY UT 84108 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 firstee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered changed, or on an attachment w

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SIGNATURE:

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