

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90009 025 ****61.25

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1. Entity Name

THE KATHRYN CALKIN HANCOCK FOUNDATION FOR HEALTH AND

Principal Place of Business

Mailing Address

1800 BEN FRANKLIN DR
 SARASOTA, FL 34236

1800 BEN FRANKLIN DR.
 SARASOTA, FL 34236

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

65-0933374

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HECKER, SUSAN B
 200 S ORANGE AVE
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

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!
FEES \$31.25

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
 NAME
 STREET ADDRESS
 CITY- ST- ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

DP
 SCHOLTEN, ROBB
 330 BROOKLINE AVENUE
 BOSTON, MA 02215



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

DVP
 SIMOLARI, FAITH
 711 BELLEVUE AVENUE
 NEWPORT, RI 02840



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

DS
 NELSON, KAREN
 1126 SOUTH CROCKETT
 SHERMAN, TX 75090



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

DT
 SECHREST, GLENN
 39 ELM STREET
 NEWPORT, RI 02840



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

D
 ITKIN, ALAN
 23 OLD SHORT HILLS RD
 W. ORANGE, NJ 07052



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

D
 SULLIVAN, NEIL
 11 CREST DRIVE
 DOVER, MA 02030



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statute 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Faith Simolari* Faith Simolari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00

Date

941-388-3119

Daytime Phone #

CR2E037 (9/99)