

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0075961

03-19-2001 90486 029 ****61.25

DOCUMENT # N99000004037

1. Entity Name

THE KATHRYN CALKIN HANCOCK FOUNDATION FOR HEALTH

Principal Place of Business

Mailing Address

1800 BEN FRANKLIN DR
 SARASOTA FL 34236

1800 BEN FRANKLIN DR
 SARASOTA FL 34236

1111 N. Gulfstream Ave
 Apt 1504
 Sarasota FL 34236

PO Box 2303
 Sarasota FL 34236

2. Principal Place of Business

3. Mailing Address

1111 N. Gulfstream Ave

P.O. Box 2303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1504

City & State

City & State

Sarasota FL

Sarasota FL

Zip 34236 Country USA

Zip 34236 Country USA

4. FEI Number

65-0933374

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

HECKER, SUSAN B
 200 S ORANGE AVE
 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SCHOLTEN, ROBB 330 BROOKLINE AVENUE BOSTON MA 02215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIMOLARI, FAITH 711 BELLEVUE AVENUE NEWPORT RI 02840	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NELSON, KAREN 1126 S CROCKETT SHERMAN TX 75090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Faith Simolari 719 Bellevue Ave Newport RI 02840	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REGISTERED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)