

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004037

1. Entity Name

THE KATHRYN CALKIN HANCOCK FOUNDATION FOR HEALTH AND WELLNESS, IN.

Principal Place of Business

Mailing Address

1111 N GULFSTREAM AVE
APT 1504
SARASOTA FL 34236

PO BOX 2303
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

393 N. Point Rd
Suite, Apt. #, etc.

393 N. Point Rd
Suite, Apt. #, etc.

City & State

City & State

Osprey, FL

Osprey, FL

Zip

Country

Zip

Country

34229

34229

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

Faith Simolara

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 SIMOLOIRA, FAITH 719 BELLEVIEW AVE 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		<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
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:

Faith Simolara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 941 918 1288
Date Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90050 011 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0933374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)

0051636