

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P31246**

1. Entity Name

Helen Keller Worldwide

HELEN KELLER INTERNATIONAL, INCORPORATED

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90137 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

90 WASHINGTON ST.  
NEW YORK NY 10006

90 WASHINGTON ST.  
15TH FLOOR  
NEW YORK NY 10006-1039  
US

2. Principal Place of Business  
90 West Street

3. Mailing Address  
90 West Street

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

City & State  
New York, NY

City & State  
New York, NY

4. FEI Number  
13-5562162

Applied For  
Not Applicable

Zip  
10006

Country  
Manhattan

Zip  
10006

Country  
Manhattan

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

BROWN, STACY DANIEL  
110 SHEPHERD TRAIL  
LONGWOOD FL 32750

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 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 P ☐ Delete  
NAME PALMER, JOHN  
STREET ADDRESS 90 WASHINGTON ST, H KELLER INT  
CITY-ST-ZIP NEW YORK CITY NY 10006

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 90 West Street, Suite 200  
CITY-ST-ZIP New York, NY 10006

TITLE TR ☒ Delete  
NAME FORD, HADLEY  
STREET ADDRESS 1345 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10105

TITLE D ☐ Change ☒ Addition  
NAME Lo Ra, Louis  
STREET ADDRESS 90 West Street, #200  
CITY-ST-ZIP New York, NY 10006

TITLE VC ☒ Delete  
NAME WATSON, JR. M  
STREET ADDRESS P. O. BOX 2530 N/A  
CITY-ST-ZIP JUPITER FL 33468

TITLE TR ☒ Change ☒ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 3625 Island Road  
CITY-ST-ZIP Palm Beach Gardens, FL 33468-2530

TITLE S ☐ Delete  
NAME BROCK, MITCHELL  
STREET ADDRESS 323 PILOT POINT LANE  
CITY-ST-ZIP BOCA GRANDE FL

TITLE ☒ Change ☒ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 33921  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME SISLER, DANIEL G.  
STREET ADDRESS 411 WARREN HALL  
CITY-ST-ZIP ITHACA NY

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 14853  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CITRON, JOHN  
STREET ADDRESS 36 JESSE ELFREDEGERD  
CITY-ST-ZIP SOUTH HARWICH MA 12661

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 02661  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)