

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15633

1. Entity Name

THE HANLEY FAMILY FOUNDATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90016 012 ****61.25

Principal Place of Business

Mailing Address

3210 VERDUN DR
 ATLANTA GA 30305
 US

PO BOX 550153
 ATLANTA GA 30355-2653
 US

2. Principal Place of Business

3. Mailing Address

2029 RIVERMADE WAY
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 ATLANTA GA

City & State

4. FEI Number
 59-2745187

Applied For
 Not Applicable

Zip
 30327

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANLEY, JOHN W
 600 ST ANNES LANE
 OAK HARBOR
 VERO BEACH FL 32967

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 PD Delete
 NAME HANLEY, JOHN W.
 STREET ADDRESS 600 ST ANNE, OAK HARBOR
 CITY-ST-ZIP VERO BEACH FL 32967

TITLE Change Addition
 NAME **STEVE ROEGLERS**
 STREET ADDRESS **701 COLORADO AVE**
 CITY-ST-ZIP **STUART, FL 34994**

TITLE DV Delete
 NAME HANLEY, MARY JANE
 STREET ADDRESS 600 ST ANNES OAK HARBOR
 CITY-ST-ZIP VERO BEACH FL 32967

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME HANLEY, LINDA H
 STREET ADDRESS 3210 VERDUN DR
 CITY-ST-ZIP ATLANTIC GA 30305

TITLE Change Addition
 NAME **2029 RIVERMADE WAY**
 STREET ADDRESS **ATLANTA, GA 30325**
 CITY-ST-ZIP

TITLE DST Delete
 NAME HANLEY, JOHN W.JR.
 STREET ADDRESS 5114 NE 42 ST
 CITY-ST-ZIP SEATTLE WA 33967

TITLE Change Addition
 NAME **2029 RIVERMADE WAY**
 STREET ADDRESS **ATLANTA, GA 30325**
 CITY-ST-ZIP **(NO CHANGE)**

TITLE D Delete
 NAME TIEMAN, DOUGLAS
 STREET ADDRESS P.O. BOX A, GALEN HALL ROAD
 CITY-ST-ZIP WERNERSVILLE PA 19565

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV Delete
 NAME HANLEY, MICHAEL JAMES
 STREET ADDRESS 3210 VERDUN DR
 CITY-ST-ZIP ATLANTA GA 30305

TITLE Change Addition
 NAME
 STREET ADDRESS **2029 RIVERMADE WAY**
 CITY-ST-ZIP **ATLANTA, GA 30327**

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2000 404-351-2262
 Date Daytime Phone #

CR2E037 (9/99)