

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0067396

03-26-2001 90136 030 \*\*\*\*61.25

**DOCUMENT # N15633**

1. Entity Name

**THE HANLEY FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2029 RIVERMEADE WAY  
 ATLANTA GA 30327  
 US

PO BOX 550153  
 ATLANTA GA 30355  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2745187**

Applied For

Not Applicable

Zip

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	<input type="checkbox"/> Delete
NAME	HANLEY, JOHN W.	
STREET ADDRESS	600 ST ANNE, OAK HARBOR	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HANLEY, MARY JANE	
STREET ADDRESS	600 ST ANNES OAK HARBOR	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANLEY, LINDA H	
STREET ADDRESS	2029 RIVERMEADE WAY	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HANLEY, JOHN W.JR.	
STREET ADDRESS	5114 NE 42 ST	
CITY-ST-ZIP	SEATTLE WA 33967	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIEMAN, DOUGLAS	
STREET ADDRESS	P.O. BOX A, GALEN HALL ROAD	
CITY-ST-ZIP	WERNERSVILLE PA 19565	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HANLEY, MICHAEL JAMES	
STREET ADDRESS	2029 RIVERMEADE WAY	
CITY-ST-ZIP	ATLANTA GA 30327	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/20/01 404-351-2262  
 Date Daytime Phone #

CR2E037 (10/00)