

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90719 009 ****61.25

DOCUMENT # N98000001375

1. Entity Name

THE ROBERT K. SCRIPPS FAMILY FOUNDATION, INC.

Principal Place of Business

**1200 N FEDERAL HWY. STE 411
 BOCA RATON FL 33432**

Mailing Address

**384 WEST SHORE DR
 WYCKOFF NJ 07481-2434**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0824010

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

**FORBES, PHILIP H
 1200 N FEDERAL HWY, STE 411
 BOCA RATON FL 33432**

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	PTD	<input type="checkbox"/> Delete
NAME	SCRIPPS, ROBERT K	
STREET ADDRESS	384 WEST SHORE DR	
CITY-ST-ZIP	WYCKOFF NJ 07481-2434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCRIPPS, ELIZABETH H	
STREET ADDRESS	384 WEST SHORE DR	
CITY-ST-ZIP	WYCKOFF NJ 07481-2434	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCRIPPS-LAFLAMME, SUZANNE	
STREET ADDRESS	6 CUESTA LN	
CITY-ST-ZIP	SANTA FE NM 87505-8782	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCRIPPS, CHRISTINA	
STREET ADDRESS	384 WEST SHORE DR	
CITY-ST-ZIP	WYCKOFF NJ 07481-2434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date]
 Date

[Handwritten Phone Number]
 Daytime Phone #

CR2E037 (9/01)