

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N98000001375**

1. Entity Name  
**THE ROBERT K. SCRIPPS FAMILY FOUNDATION, INC.**



FILED

03 JUN -9 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**1200 N FEDERAL HWY. STE 411**      **384 WEST SHORE DR**  
**BOCA RATON FL 33432**                      **WYCKOFF NJ 07481-2434**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

4. FEI Number **65-0824010**      Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS      11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD**       Delete  
 NAME **SCRIPPS, ROBERT K**  
 STREET ADDRESS **384 WEST SHORE DR**  
 CITY-ST-ZIP **WYCKOFF NJ 07481-2434**

Change       Addition  
**200020687302**  
**06/09/03--01083--004 \*\*\$1.25**

TITLE **SD**       Delete  
 NAME **SCRIPPS, ELIZABETH H**  
 STREET ADDRESS **384 WEST SHORE DR**  
 CITY-ST-ZIP **WYCKOFF NJ 07481-2434**

Change       Addition

TITLE **VD**       Delete  
 NAME **SCRIPPS LAFLAMME, SUZANNE**  
 STREET ADDRESS **6 CUESTA LN**  
 CITY-ST-ZIP **SANTA FE NM 87505-8782**

Change       Addition

TITLE **VD**       Delete  
 NAME **SCRIPPS, CHRISTINA**  
 STREET ADDRESS **384 WEST SHORE DR**  
 CITY-ST-ZIP **WYCKOFF NJ 07481-2434**

Change       Addition

TITLE \_\_\_\_\_       Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Change       Addition

TITLE \_\_\_\_\_       Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Change       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 11 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne LaFlamme*      **SIGNATURE REQUIRED**      5-1-03      612-852-3122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)

2/6/10