

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716732

Name

R.Q. RICHARDS FOUNDATION, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90116 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

TELEGRAPH CREEK LANE  
ALVA FL 33920

18520 TELEGRAPH CREEK LANE  
ALVA FL 33920-3116

00000679



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1274685

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SMART, GERALD  
18520 TELEGRAPH CREEK LANE  
ALVA FL 33920

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TD	SMART, GERALD G.	18520 TELEGRAPH CK LN ALVA FL				
	D	KODCK, JOHN	8907 BANYON N. FT. MYERS FL		VICE/PRES	TOM MERE	100 E. NORTH SHORE DRIVE N. FT. MYERS, FL 33917
	PD	ROBERTS, CHARLES	1920 VICTORIA AVE FT MYERS FL 33901		DIRECTOR		
	D	SHARMA, DINESH	1520-160 ROYAL PALM SQUARE BLVD FT MTYERS FL 33919		PRES	AL LONGMAN	2665 MCGREGOR BLVD. FT. MYERS, FL 33901
	VP	COLEMAN, BOB	1481 ARGYLE DR. FT. MYERS FL		DIRECTOR		
	DS	FARABEE, WALDO	2150 SOUTH STREET FT MYERS FL		DIRECTOR		

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**

JANUARY 4TH 2000 941/936-4336

CRZE037 (9/99)