

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

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90038 050 \*\*\*\*61.25

0053851

**DOCUMENT # N00000008201**

1. Entity Name

**REDDISH FOUNDATION, INC.**



Principal Place of Business

**4951 GULF SHORE BLVD. N  
LE PARC - UNIT PH-201  
NAPLES FL 34103**

Mailing Address

**5811 PELICAN BAY BLVD  
LE PARC - UNIT PH-201  
NAPLES FL 34108**

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 **59-3685403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FOWLER WHITE MYERS KRAUSE  
5811 PELICAN BAY BLVD  
STE 600  
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **FOWLER WHITE BOGGS BANKER P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**5811 PELICAN BAY BOULEVARD, SUITE 600**

City **NAPLES**

**FL**

Zip Code **34108**

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. **FOWLER WHITE BOGGS BANKER, P.A.**

SIGNATURE

*Jeane L. Scavold, Esq.* *Jeane L. Scavold, Esq.*

**4-14-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DPTF</b>	<input type="checkbox"/> Delete
NAME	<b>REDDISH, EDWARD J</b>	
STREET ADDRESS	<b>4951 GULF SHORE BLVD. N UNIT PH-201</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>DPSF</b>	<input type="checkbox"/> Delete
NAME	<b>REDDISH, ELSA H</b>	
STREET ADDRESS	<b>4951 GULF SHORE BLVD. N UNIT PH-201</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REDDISH, PAUL E</b>	
STREET ADDRESS	<b>5872 MARBLE COURT</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REDDISH, MICHAEL J</b>	
STREET ADDRESS	<b>16 APPLERIDGE DRIVE</b>	
CITY-ST-ZIP	<b>NATICK MA 01760</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COOMBS, NANCY R</b>	
STREET ADDRESS	<b>12 COVENTRY LANE</b>	
CITY-ST-ZIP	<b>ANDOVER MA 01810</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REDDISH, EDWARD J JR.</b>	
STREET ADDRESS	<b>327 SUMMER STREET 1-R</b>	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Reddish, Jeffrey J.</b>	
STREET ADDRESS	<b>9 Creekside Lane</b>	
CITY-ST-ZIP	<b>Rochester, N.Y. 14618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chiappinelli, Kathryn Reddish</b>	
STREET ADDRESS	<b>74 Kent Street, Unit 12-C</b>	
CITY-ST-ZIP	<b>Brookline, MA 02446</b>	
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		
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*

**4/9/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)