

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90017 006 ****61.25

DOCUMENT # N01000001245

1. Entity Name

RUSSELL FAMILY FOUNDATION, INC.

Principal Place of Business

**986 DOUGLAS AVE. STE 100
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**986 DOUGLAS AVE. STE 100
ALTAMONTE SPRINGS FL 32714**

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

59-3700777

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

**STARK, CHARLES H
986 DOUGLAS AVE, STE 100
ALTAMONTE SPRINGS FL 32714**

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 **D** ☐ Delete
NAME **RUSSELL, RICHARD L**
STREET ADDRESS **74 GREENWOOD CIR**
CITY-ST-ZIP **WORMLEYSBURG FL 17043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RUSSELL, LINDA H**
STREET ADDRESS **74 GREENWOOD CIR**
CITY-ST-ZIP **WORMLEYSBURG FL 17043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BALLIETT, COLORES**
STREET ADDRESS **631 S ORLANDO AVE, STE 100**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02 717-763-4631

CR2E037 (9/01)

Attachment
Doc. # N01000001245

CHARLES H. STARK, P. A.

ATTORNEY AT LAW

SUITE 100

986 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FLORIDA

32714

CHARLES H. STARK

E-MAIL CHSTARK@BELLSOUTH.NET

TELEPHONE (407) 788-0250

FACSIMILE (407) 788-7244

January 28, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

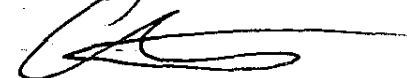
Re: Russell Family Foundation (#59-3700777)
Document #N01000001245

Dear Sir or Madam:

Enclosed for filing on behalf of the above-referenced limited partnership is the 2002 Uniform Business Report and check #2016 payable to your office in the amount of \$61.25 representing the filing fee for this report.

Please contact the undersigned with any questions.

Sincerely,



Charles H. Stark

CHS/db
Enclosures

cc: Dr. & Mrs. Richard L. Russell
(w/enclosures)