

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91649 007 \*\*\*\*61.25

**DOCUMENT # NO1000003117**

1. Entity Name

**THE DUSTIN E. KISH MEMORIAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**3366 VICEROY DR. N.  
 JACKSONVILLE FL 32257**

**3366 VICEROY DR. N.  
 JACKSONVILLE FL 32257**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7990 Baymeadows Road E**

**4765-19-Hodges Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1708**

**# 242**

City & State

City & State

**JACKSONVILLE, FL**

**JACKSONVILLE, FL**

Zip

Country

Zip

Country

**32256**

**USA**

**32234**

**USA**

4. FEI Number

Applied For

**59-3716016**

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

**KISH, RICHARD J  
 3366 VICEROY DR. N.  
 JACKSONVILLE FL 32257**

Name **RICHARD J. KISH**

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

**7990 Baymeadows Road E**

**# 1708**

City

**JACKSONVILLE**

**FL**

Zip Code

**32256**

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

**RICHARD J. KISH**

**5/02/02**

**5/02/02**

(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	<input type="checkbox"/> Delete <b>KISH, RICHARD J              3366 VICEROY DR. N.              JACKSONVILLE FL 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>KISH, ROSE MARY              3366 VICEROY DR. N.              JACKSONVILLE FL 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>KISH, MELISSA L              12311 KENSINGTON LAKES DR., #2201              JACKSONVILLE FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PEREZ, EMESTO              3360 S. PICKWICK DR.              JACKSONVILLE FL 32257</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>HOVIS, JERRY S              11075 RIVER CREEK DR. E.              JACKSONVILLE FL 32223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>RIGDON, JAMES              12021 ARBOR LAKES DR.              JACKSONVILLE FL 32275</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President              KISH RICHARD J              7990 Baymeadows Road E #1708              JACKSONVILLE FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President              KISH ROSE MARY              7990 Baymeadows Road E #1708              JACKSONVILLE FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature]**

**5/02/02**

**904-683-2455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)