

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

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

01-22-2003 90164 025 \*\*\*\*61.25

**DOCUMENT # N02000001322**

1. Entity Name  
**RICHARD T. BISTRONG FOUNDATION, INC.**



Principal Place of Business  
**100 BERMUDA BAY CIR., #107  
PONTE VEDRA BEACH FL 32082**

Mailing Address  
**100 BERMUDA BAY CIR., #107  
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business  
**117 LANTERN WICK PLACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**117 LANTERN WICK PLACE**  
Suite, Apt. #, etc.

City & State  
**PONTE VEDRA BEACH FL**  
Zip  
**32082**  
Country  
**USA**

City & State  
**PONTE VEDRA BEACH FL**  
Zip  
**32082**  
Country  
**USA**

4. FEI Number  
**01-0640453**  
Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BISTRONG, RICHARD T  
100 BERMUDA BAY CIR., #107  
PONTE VEDRA BEACH FL 32082**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**117 LANTERN WICK PLACE**  
City **PONTE VEDRA BEACH** **FL** Zip Code **32082**

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 **Richard T. Bistrong**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**10 JAN 2003**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR SEE ENTITY NAME AND ADDRESS</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR GEORGE RIDGE 200 WEST FORSYTH ST. SUITE 1200 JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR BILL COOPER (AS ABOVE)</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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
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: RICHARD T. BISTRONG**

**10 JAN 2003 (9046147055)**

CR2E037 (10/02)