

**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.



CHECK HERE IF MAKING CHANGES

City & State
PONTE VEDRA BEACH FL

City & State
PONTE VEDRA BEACH FL

4. FEI Number
01-6646453

Applied For
 Not Applicable

Zip Country
32082 ST. JAMES USA

Zip Country
32082 USA

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 *[Signature]*

10 JAN 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)