

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

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90033 043 \*\*\*\*\*61.25

**DOCUMENT # N02000004114**

1. Entity Name  
**DEBT REDUCTION FOUNDATION, INC.**



Principal Place of Business  
**1600 SOUTH DIXIE HWY STE 400  
BOCA RATON, FL 33432**

Mailing Address  
**1600 SOUTH DIXIE HWY STE 400  
BOCA RATON, FL 33432**

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

**02-0614964**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, SPENCER B ESQ  
1600 SOUTH DIXIE HWY STE 400  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

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 \* ☐ Delete  
NAME **D SIEGEL, MARK**  
STREET ADDRESS **1400 NW 9TH AVE #7**  
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE \* ☐ Delete  
NAME **D SIEGEL, SPENCER**  
STREET ADDRESS **1600 SOUTH DIXIE HWY STE 400**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE \* ☐ Delete  
NAME **D SIEGEL, S. JAY**  
STREET ADDRESS **17946 HAMPSHIRE LANE**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE \* ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE \* ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE \* ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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, and that I am otherwise empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E037 (10/02)