

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16951

1. Entity Name

W. W. RICHARDSON, M.D. AND LORETTA C. RICHARDSON
FOUNDATION, INC.

Principal Place of Business

% LORETTA C. RICHARDSON
P.O. BOX 188
GRACEVILLE FL 32440

Mailing Address

% LORETTA C. RICHARDSON
P.O. BOX 188
GRACEVILLE FL 32440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2760529

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

RICHARDSON, LORETTA C.
1154 - 10TH AVE.
GRACEVILLE FL 32440

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	DV	<input type="checkbox"/> Delete
NAME	MIXSON, BRYON	
STREET ADDRESS	5959 HWY 77	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, JOHN B	
STREET ADDRESS	1006 MIXON ST	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILDER, THOMAS W.	
STREET ADDRESS	ROUTE 1, BOX 751	
CITY-ST-ZIP	SLOCOMB AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHARDSON, LORETTA C.	
STREET ADDRESS	1154 - 10TH AVE.	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, W. W.	
STREET ADDRESS	1154 - 10TH AVE.	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, MARGARET	
STREET ADDRESS	PO BOX 276	
CITY-ST-ZIP	GRACEVILLE FL 32440	

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

Loretta C. Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

850-263-3522

Daytime Phone #

CR2E037 (9/01)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90490 048 ****61.25



DO NOT WRITE IN THIS SPACE