

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51051

1. Entity Name

RUSS CORSER FOUNDATION, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90103 046 ****61.25

Principal Place of Business
170 LAKE MERYL DR
WEST PALM BEACH FL 33411-3351
US

Mailing Address
170 LAKE MERYL DR
WEST PALM BEACH FL 33411-3351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0370255

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NAPOLI, IDA
170 LK MERYL DR
WEST PALM BEACH FL 33411

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KENNEDY, JUDY
2414 BAYVILLAGE COURT
PALM BEACH GARDENS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HARRE, JOHN JR.
6416 64TH WAY
WEST PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAPOLI, IDA
170 LAKE MERYL DR
WEST PALM BEACH FL 33411

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCCRANELS, SCOTT
124 BRAVADO LANE
P.B. SHORES FL 33404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ANDERSON, JANET
10240 ALLAMANDA CIR
P.B. GARDENS FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
ALLEN, ROBERT J.
5642 56TH ST
WEST PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

683-6195