

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006160

1. Entity Name

THE LAPE P. FOX FAMILY FOUNDATION, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90047 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O 1201 GEORGE BUSH BLVD.  
DELRAY BEACH FL 33483

C/O 1201 GEORGE BUSH BLVD.  
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6160649

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

CHAPIN, ROBERT D  
1201 GEORGE BUSH BLVD.  
DELRAY BEACH FL 33483

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 ☐ Delete  
NAME D  
STREET ADDRESS MIRON, PATRICIA F  
CITY-ST-ZIP 2060 STERLING AVE  
MENDO PARK CA 94025

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DEJOY, CAROL F  
CITY-ST-ZIP 25352 GALLASHIELDS CIRCLE  
BONITA SPRINGS FL 33923

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 25086 Ridge Oak Dr  
CITY-ST-ZIP BONITA SPRINGS, FLA 34134

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FOX, RICHARD P  
CITY-ST-ZIP 5255 FOREST AVENUE S.E.  
MERCER ISLAND WA 98040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 558  
CITY-ST-ZIP Mercer Island, WA. 98040

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DEJOY, WILLIAM  
CITY-ST-ZIP 32 GLADE DR  
NISKAYUNA NY 12309

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #