

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000789

1. Entity Name

THE DEB RICHARD FOUNDATION, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90067 014 ****61.25

Principal Place of Business

125 HIDDEN COVE LANE
PONTE VEDRA BEACH FL 32082

Mailing Address

125 HIDDEN COVE LANE
PONTE VEDRA BEACH FL 32082

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

59-3295579

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RICHARD, DEB
125 HIDDEN COVE LANE
POINTE VEDRA BEACH FL 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.

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BILL RUSSELL C/O 125 HIDDEN COVE LANE PONTE VEDRA BCH FL 32082	<input type="checkbox"/>		
D GRACY, PAUL C/O 271 PLEASANT HILL RD SLANDERS NJ 07836	<input type="checkbox"/>		
D RICHARD, DEB C/O 125 HIDDEN COVE LANE PONTE VERDA BEACH FL 32082	<input type="checkbox"/>		
D PAGE, CHRIS C/O 125 HIDDEN COVE LANE PONTE VERDA BEACH FL 32082	<input type="checkbox"/>		
D STROCK, SUZY C/O 125 HIDDEN COVE LANE PONTE VERDE BEACH FL 32082	<input checked="" type="checkbox"/>		
D BONOMO, ANTHONY AFP 111 EAST SHORE RD MANHASSET NY 11030	<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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEB RICHARD

1-30-01

904-285-8211

Date

Daytime Phone #

CR2E037 (10/00)