

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000789

1. Entity Name

THE DEB RICHARD FOUNDATION, INC.

Principal Place of Business

Mailing Address

125 HIDDEN COVE LANE  
PONTE VEDRA BEACH FL 32082

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

RICHARD, DEB  
125 HIDDEN COVE LANE  
POINTE VEDRA BEACH FL 32082

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1-6-02

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BILL RUSSELL  
C/O 125 HIDDEN COVE LANE  
PONTE VEDRA BCH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRACY, PAUL  
C/O 271 PLEASANT HILL RD  
SLANDERS NJ 07836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICHARD, DEB  
C/O 125 HIDDEN COVE LANE  
PONTE VERDA BEACH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PAGE, CHRIS  
C/O 125 HIDDEN COVE LANE  
PONTE VERDA BEACH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STROCK, SUZY  
C/O 125 HIDDEN COVE LANE  
PONTE VERDE BEACH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BONOMO, ANTHONY  
AFP 111 EAST SHORE RD  
MANHASSET NY 11030

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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

1-6-02

904-285-8211

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90004 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)