

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90011 018 \*\*\*\*61.25

**DOCUMENT # N95000000789**

**1. Entity Name**  
**THE DEB RICHARD FOUNDATION, INC.**



**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

**4. FEI Number** **59-3295579**

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**

**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. I am familiar with, and accept the obligations of registered agent.**

**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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

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

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

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

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

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

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

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

**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)(l), 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 RICHARD**

**1/6/03**

**904-285-8211**

CR2E037 (10/02)