

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90054 050 \*\*\*\*61.25

**DOCUMENT # N99000000076**

1. Entity Name

**J. BELL MORAN, JR. FOUNDATION, INC.**

Principal Place of Business

630 ISLAND DRIVE  
 PALM BEACH FL 33480  
 US

Mailing Address

630 ISLAND DRIVE  
 PALM BEACH FL 33480-4745  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0912849  
 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MURPHY, EUGENE W JR  
 340 ROYAL PALM WAY, STE 100  
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

I, 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:**  
**FEES ARE \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, J. BELL JR 630 ISLAND DRIVE PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DODGE, LORE H 12772 MARINER COURT PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORAN, LISE G 142 SOUND BEACH AVENUE OLD GREENWICH CT 06870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORAN, JOHN B III 630 ISLAND DRIVE PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2000

Date

Daytime Phone #