

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90017 011 \*\*\*\*61.25

**DOCUMENT # N99000000076**

1. Entity Name

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

Principal Place of Business

Mailing Address

**630 ISLAND DRIVE  
 PALM BEACH FL 33480  
 US**

**630 ISLAND DRIVE  
 PALM BEACH FL 33480  
 US**

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

**65-0912849**

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

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	MORAN, J. BELL JR	
STREET ADDRESS	630 ISLAND DRIVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DODGE, LORE H	
STREET ADDRESS	12772 MARINER COURT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MORAN, LISE G	
STREET ADDRESS	142 SOUND BEACH AVENUE	
CITY-ST-ZIP	OLD GREENWICH CT 06870	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MORAN, JOHN B III	
STREET ADDRESS	630 ISLAND DRIVE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONALD D WARNER	
STREET ADDRESS	1897 PALM BEACH LAKES BVD # 226	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other like empowered.

SIGNATURE: **REQUIRED**

4/30/01 (561) 686-8666

CR2E037 (10/00)