

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90091 019 \*\*\*\*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  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1897 PALM BEACH LKS. BLVD.

226

WEST PALM BEACH, FL

33409

US



DO NOT WRITE IN THIS SPACE

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

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

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

After September 13, 2002,  
 min. will be \$236.25.

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 DVP ☐ Delete  
 NAME DODGE, LORE H  
 STREET ADDRESS 12772 MARINER COURT  
 CITY-ST-ZIP PALM CITY FL 34990

TITLE DS ☐ Delete  
 NAME MORAN, LISE G  
 STREET ADDRESS 142 SOUND BEACH AVENUE  
 CITY-ST-ZIP OLD GREENWICH CT 06870

TITLE DT ☐ Delete  
 NAME MORAN, JOHN B III  
 STREET ADDRESS 630 ISLAND DRIVE  
 CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Delete  
 NAME WARNER, RONALD D  
 STREET ADDRESS 1897 PALM BEACH LAKES BLVD #226  
 CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE JAMES J. D. MORAN D ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS P.O. Box 15889  
 CITY-ST-ZIP SEATTLE, WA. 98115

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

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

TITLE ☐ Change ☐ Addition  
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 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)(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:

*James J. D. Moran* DIRECTOR

7/19/02 (561) 686-8666

CR2E037 (4/02)