

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006854

1. Entity Name

FOUNDATION FOR RESPONSIBLE CHOICES, INC.

Principal Place of Business

THE PENSACOLA GRAND HOTEL 2ND. FLOOR 200 E  
AST GREGORY ST. STE. 2000  
PENSACOLA FL 32501

Mailing Address

THE PENSACOLA GRAND HOTEL 2ND. FLOOR 200 E  
AST GREGORY ST. STE. 2000  
PENSACOLA FL 32501

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

☒ 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

BEAR, LEWIS JR.  
THE PENSACOLA GRAND HOTEL 2ND. FLOOR 200 E  
AST GREGORY ST. STE. 2000  
PENSACOLA FL 32501

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**  
**After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	BEAR, LEWIS JR.	
STREET ADDRESS	200 E. GREGORY ST. STE. 2000	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BEAR, LEWIS III	
STREET ADDRESS	200 E. GREGORY ST. STE. 2000	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	STT	<input type="checkbox"/> Delete
NAME	BEAR, DAVID M	
STREET ADDRESS	200 E. GREGORY STREET ST. 2000	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASMAR, MERI D	
STREET ADDRESS	200 E. GREGORY ST. STE. 2000	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	<input type="checkbox"/> Delete
NAME	APPLEYARD, RICHARD L	
STREET ADDRESS	JOHN APPLEYARD AGENCY, INC. 4400 BAYOU, #34	
CITY-ST-ZIP	PENSACOLA FL 32503	
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
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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 an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00  
Date

850-432-9368  
Daytime Phone #

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90195 001 \*\*\*\*61.25

07-20-2000 90023 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)