

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90145 011 \*\*\*\*61.25

**911990**



DO NOT WRITE IN THIS SPACE

|  |                       |  |         |
|--|-----------------------|--|---------|
| <b>DOCUMENT # N18148</b>   |                       |  |         |
| 1. Entity Name<br><b>SCHILLINGER FOUNDATION, INC.</b>  |                       |  |         |
| Principal Place of Business<br><b>1225 N E 93RD STREET</b><br><del>5001 N.W. 72ND AVE</del><br><b>MIAMI SHORES FL 33138</b><br><b>US</b>                                     |                       | Mailing Address<br><b>1225 NE 93RD STREET</b><br><b>MIAMI SHORES FL 33138</b><br><b>US</b> |         |
| 2. Principal Place of Business<br><b>1225 NE 93RD STREET</b>   |                       | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.  |         |
| City & State<br><b>MIAMI SHORES, FL</b>  |                       | City & State   |         |
| Zip<br><b>33138</b>  | Country<br><b>USA</b> | Zip  | Country |
| 6. Name and Address of Current Registered Agent<br><b>SCHILLINGER, JACK</b><br><b>1225 NE 93RD STREET</b><br><b>MIAMI SHORES FL 33138</b>                                    |                       | 7. Name and Address of New Registered Agent  |         |
| Name   |                       | Name   |         |
| Street Address (P.O. Box Number is Not Acceptable)   |                       | Street Address (P.O. Box Number is Not Acceptable)   |         |
| City   |                       | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                       |  |         |
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHILLINGER, JACK<br>1225 NE 93RD ST<br>MIAMI SHORES FL 33138-2940 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHILLINGER, MARJORIE<br>1255 N E 93RD ST<br>MIAMI SHORES FL 33138-2940 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KATZENSTEIN, ROBIN<br>9692 RUDGE CREST COURT<br>DAVIE FL 33328 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:** *Jack Schillinger*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**JACK SCHILLINGER**  
 1/29/01 305-757-8989  
 Date Daytime Phone #

CR2E037 (10/00)