

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90995 043 \*\*\*\*61.25

**DOCUMENT # N18148**

1. Entity Name

**SCHILLINGER FOUNDATION, INC.**



Principal Place of Business

**1225 N E 93RD STREET  
MIAMI SHORES FL 33138  
US**

Mailing Address

**1225 NE 93RD STREET  
MIAMI SHORES FL 33138  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2743298**

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

**SCHILLINGER, JACK  
1225 NE 93RD STREET  
MIAMI SHORES FL 33138**

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

*Jack Schillinger*

**4/17/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | PD                                | <input type="checkbox"/> Delete |
| NAME           | <b>SCHILLINGER, JACK</b>          |                                 |
| STREET ADDRESS | <b>1225 NE 93RD ST</b>            |                                 |
| CITY-ST-ZIP    | <b>MIAMI SHORES FL 33138-2940</b> |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | <b>SCHILLINGER, MARJORIE</b>      |                                 |
| STREET ADDRESS | <b>1255 N E 93RD ST</b>           |                                 |
| CITY-ST-ZIP    | <b>MIAMI SHORES FL 33138-2940</b> |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | <b>KATZENSTEIN, ROBIN</b>         |                                 |
| STREET ADDRESS | <b>9692 RUDGE CREST COURT</b>     |                                 |
| CITY-ST-ZIP    | <b>DAVE FL 33328</b>              |                                 |
| TITLE          | D                                 | <input type="checkbox"/> Delete |
| NAME           | <b>KATZENSTEIN, ROBIN</b>         |                                 |
| STREET ADDRESS | <b>2971 HIDDEN HOLLOW LANE</b>    |                                 |
| CITY-ST-ZIP    | <b>DAVE FL 33328</b>              |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| 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    |  |   |
| 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)(l), 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**

*Jack Schillinger, Pres*  
**4/17/03**

**305-757-8989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JACK SCHILLINGER**

Date

Daytime Phone #

CR2E037 (10/02)