

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90043 003 \*\*\*\*61.25

**DOCUMENT # N47292**

1. Entity Name

**THE SCHUMANN FOUNDATION, INC.**

Principal Place of Business

1320 OLDE DOUBLOON DR  
 VERO BEACH FL 32963  
 US

Mailing Address

3003 CARDINAL DR #C  
 VERO BEACH FL 32963  
 US

**807398**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0298172**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHUMANN, JOHN J. JR  
 1320 OLDE DOUBLOON DR  
 VERO BEACH FL 32963

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	DP	<input type="checkbox"/> Delete
NAME	SCHUMANN, JOHN J.	
STREET ADDRESS	1320 OLDE DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHUMANN, MARK K	
STREET ADDRESS	1320 OLDE DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHUMANN, KATHERINE G.	
STREET ADDRESS	1320 OLD DOUBLOON DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OFFUTT, HARRY C.	
STREET ADDRESS	3003 CARDINAL DR SUITE C	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COOKSEY, BYRON T.	
STREET ADDRESS	979 BEACHLAND BLVD	
CITY-ST-ZIP	VERO BEACH FL	
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
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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 an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

1/7/02 501-231-2100

CR2E037 (9/01)