2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90032 001 ***141.00

DOCUMENT # N94000005419

1. Entity Name

SCHOTT MEMORIAL CENTER, INC.

Principal Place of Business	Mailing Address
6591 S.W. 124TH AVE. FT. LAUDERDALE FL 33330	6591 S.W. 124TH AVE. FT. LAUDERDALE FL 33330-3915

– 6516

DO NOT WRITE IN THIS SPACE

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 65-0556524 ☐ 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
FITZGERALD, J. PATRICK 110 MERRICK WAY, STE. 2-C CORAL GABLES FL 33134	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D VITUCCI, JIM (701 N. HIATUS ROAD PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD JOHN R. GREEN 530 FAIRFAX AVE. DAVIE, FL 33325	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCONNEL, ROBERT 4105 WIMBELTON DRIVE COOPER CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAYMOND PARELLO 1245 JASMINE CIR. WESTON, FL 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOTT, STEPHEN M 201 E 5TH ST CINCINNATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER DIPIETRO (MD) 259 POINCIANA DRIVE MIAMI BEACH FL 33160	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOTT, GREGG 201 E 5TH ST CINCINNATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIE HILTZ 6650 MIRALAKE DRIVE INDIAN HILL OH 45243	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARISTY, JUAN 4215 S.W. 33RD DR. HOLLYWOOD FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD KAPP 2505 SE 21ST STREET FT. LAUDERDALE FL 33316	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENNESSEY, WILLIAM (8401 BISCAYNE BLVD MIAMI SHORES FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RALPH SANCHEZ 9540 JOURNEY'S END ROAD CORAL GABLES FL 33156	☐ Change ☑ Addition

CR2E037 (9/99)

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: John R. Green SIGNATURE REQUIRED 2-17-00 (954) 434-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #