

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-18-2001 91677 001 ***122.50

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005419

1. Entity Name

SCHOTT MEMORIAL CENTER, INC.

Principal Place of Business

6591 S.W. 124TH AVE.
 FT. LAUDERDALE FL 33330

Mailing Address

6591 S.W. 124TH AVE.
 FT. LAUDERDALE FL 33330

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

FITZGERALD, J. PATRICK
110 MERRICK WAY, STE. 203-B
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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:
FEES ARE \$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

TITLE	D	☐ Delete
NAME	VITUCCI, JIM (	
STREET ADDRESS	701 N. HIATUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	☐ Delete
NAME	MCCONNEL, ROBERT	
STREET ADDRESS	4105 WIMBELTON DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	☐ Delete
NAME	SCHOTT, STEPHEN M	
STREET ADDRESS	201 E 5TH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	☐ Delete
NAME	SCHOTT, GREGG	
STREET ADDRESS	201 E 5TH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	☐ Delete
NAME	ARISTY, JUAN	
STREET ADDRESS	4215 S.W. 33RD DR.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	☐ Delete
NAME	HENNESSEY, WILLIAM (	
STREET ADDRESS	8401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	7716 Colony Lake Dr
CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)