

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-14-2002 90352 001 ***122.50

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0556524

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

FITZGERALD, J. PATRICK
110 MERRICK WAY, STE. 3B
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VITUCCI, JIM (
STREET ADDRESS	701 N. HIATUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	AT D	<input type="checkbox"/> Delete
NAME	MCCONNEL, ROBERT	
STREET ADDRESS	7708 COLONY LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOTT, STEPHEN M	
STREET ADDRESS	201 E 5TH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	P D	<input type="checkbox"/> Delete
NAME	SCHOTT, GREGG	
STREET ADDRESS	201 E 5TH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARISTY, JUAN	
STREET ADDRESS	4215 S.W. 33RD DR.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIE HILTZ	
STREET ADDRESS	6650 MIRA LAKE DRI	
CITY-ST-ZIP	CINCINNATI, OH 45243	
TITLE	P DR. OLIVER DIPIETRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	259 POINCIANA DR	
STREET ADDRESS	MIAMI BCH, FL 33160	
CITY-ST-ZIP		
TITLE	D KAPP, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2505 SE 21ST ST	
STREET ADDRESS	FT. LAUDERDALE, FL 33316	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, FRANK ATTORNEY GENERAL	
STREET ADDRESS	101 S WASHINGTON SQ 9TH FL	
CITY-ST-ZIP	LANSING, MI 48933	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20 2002
Date

Daytime Phone #

COMPLETED APR 08 2002

CR2E037 (9/01)