

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90112 018 ****61.25

DOCUMENT # N95000005463

1. Entity Name

THE SCHMIER FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

17879 LAKE ESTATES DRIVE
 BOCA RATON FL 33496

17879 LAKE ESTATES DRIVE
 BOCA RATON FL 33496-1429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0710450

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

ASARCH, STEVEN J
 7777 GLADES ROAD
 SUITE 200
 BOCA RATON FL 33434

Name: **STEVEN J. ASARCH**
 Street Address (P.O. Box Number is Not Acceptable): **2385 EXECUTIVE CENTER DRIVE**
SUITE 250
 City: **BOCA RATON** FL Zip Code: **33431**

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	D <input type="checkbox"/> Delete
NAME	SCHMIER, ALBERT
STREET ADDRESS	17879 LAKE ESTATES DR.
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> Delete
NAME	SCHMIER, MARCIA L
STREET ADDRESS	17879 LAKE ESTATES DR.
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> Delete
NAME	SCHMIER, JILL L
STREET ADDRESS	17879 LAKE ESTATES DR.
CITY-ST-ZIP	BOCA RATON FL 33496
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIER, JILL E
STREET ADDRESS	12 WEST 72nd Street
CITY-ST-ZIP	NEW YORK, NY 10023
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT SCHMIER 1/4/00 561-477-6805

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE