

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90045 011 \*\*\*\*61.25

**DOCUMENT # N97000007176**

1. Entity Name  
**SCHIAVONE FAMILY FOUNDATION, INC.**

Principal Place of Business <b>OCEAN REEF CLUB          33 CARDINAL LANE          KEY LARGO FL 33037</b>	Mailing Address <b>C/O G. M. VASEL          1600 PATERSON PLANK RD          SECAUCUS NJ 07094-4019          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address  
**210 Richard Street**

Suite, Apt. #, etc.  
**8 Sherbrooke Lane**

City & State  
**Morganville NJ**

Zip Country  
**07751-1314 USA**

4. FEI Number **65-0795617**

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

**SCHIAVONE, RONALD A  
 OCEAN REEF CLUB  
 33 CARDINAL LANE  
 KEY LARGO FL 33037**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <b>SCHIAVONE, RONALD A</b> <b>OCEAN REEF CLUB, 33 CARDINAL LANE</b> <b>KEY LARGO FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHIAVONE, JEAN R</b> <b>OCEAN REEF CLUB, 33 CARDINAL LANE</b> <b>KEY LARGO FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHIAVONE, CHRISTOPHER</b> <b>5 COLLINS DRIVE</b> <b>MORRISTOWN NJ 07960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIALFONSO, ELISSA</b> <b>247 LONG MEADOW ROAD</b> <b>BEDMINSTER NJ 07921</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIMAGGIO, CORA</b> <b>288 MORNING GLORY CT</b> <b>WHITEHOUSE STATION NJ 08889</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIRTLE, JAMES A</b> <b>79 MEADOW ROAD</b> <b>WHITEHOUSE STATION NJ 08889</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*R. Schiavone* 5/11/00 (738) 536-3515  
 Date Daytime Phone #

CR2E037 (9/99)