

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90086 035 \*\*\*\*61.25

0088945

**DOCUMENT # N97000007176**

1. Entity Name

**SCHIAVONE FAMILY FOUNDATION, INC.**

Principal Place of Business

OCEAN REEF CLUB  
 33 CARDINAL LANE  
 KEY LARGO FL 33037

Mailing Address

C/O RICHARD STEARN  
 8 SHERBROOKE LANE  
 MORGANVILLE NJ 07751  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0795617**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

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

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

201-867-5070

Date

Daytime Phone #

CR2E037 (10/00)