

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90122 049 \*\*\*\*61.25

**DOCUMENT # 837640**

1. Entity Name

**THE LANDEGGER CHARITABLE FOUNDATION, INC.**

Principal Place of Business

219 LIVE OAK STREET  
P O BOX 937  
NEW SMYRNA BEACH FL 32170-3937  
US

Mailing Address

219 LIVE OAK STREET  
P O BOX 937  
NEW SMYRNA BEACH FL 32170-0937  
US

2. Principal Place of Business

2090 S. Nova Road

3. Mailing Address

2090 S. Nova Road

Suite, Apt. #, etc.

Suite B-221

Suite, Apt. #, etc.

Suite B-221

City & State

South Daytona, FL

City & State

South Daytona, FL

Zip

32119

Country

US

Zip

32119

Country

US

4. FEI Number

51-0180544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOLT, JOHN F  
219 LIVE OAK STREET  
NEW SMYRNA BEACH FL 32170-7937

7. Name and Address of New Registered Agent

Name  
**Jewell L. Fair**  
Street Address (P.O. Box Number is Not Acceptable)  
2090 S. Nova Road  
Suite B-221  
City  
South Daytona FL Zip Code  
32119

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 Jewell L. Fair **Jewell L. Fair, Secretary** 1/25/01  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LANDEGGER, GEORGE F. 4 INTERNATIONAL DR. RYE BROOK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANDEGGER, CARL C 405 LEXINGTON AVE. NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWARTZ, ARTHUR L 4 INTERNATIONAL DRIVE RYE, BROOK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLT, JOHN F 219 LIVE OAK STREET NEW SMYRNA BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jewell L. Fair 2090 S. Nova Road, Suite B-221 South Daytona, FL 32119	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Landeegger, Carl C. 150 E. 52nd St., 27th Floor New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jewell L. Fair  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 904-763-9220

Date Daytime Phone #

CR2E037 (10/00)