

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47805

1. Entity Name

SCHOONER ENTERPRISES, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90064 013 \*\*\*150.00

Principal Place of Business

15195 NE 21ST AVENUE  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address

15195 NE 21ST AVENUE  
NORTH MIAMI BEACH FL 33162-6001  
US

2. Principal Place of Business

7530 MIAMI VIEW DR.  
Suite, Apt. #, etc.

3. Mailing Address

7530 MIAMI VIEW DR.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. BAY VILLAGE  
33141  
Country USA

City & State

N. BAY VILLAGE  
33141  
Country USA

4. FEI Number

65-0112477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, JEANNE  
15195 NE 21ST AVENUE  
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

JEANNE FRANKLIN

Street Address (P.O. Box Number is Not Acceptable)

7530 MIAMI VIEW DRIVE

City

N. BAY VILLAGE

FL

Zip Code

33141

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

*Jeanne Franklin*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/00

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP  
NAME FRANKLIN, JEANNE  
STREET ADDRESS 15195 NE 21ST AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE VP  
NAME FRANKLIN, DEAN H.  
STREET ADDRESS 15195 NE 21ST AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME FRANKLIN JEANNE  
STREET ADDRESS 7530 MIAMI VIEW DR  
CITY-ST-ZIP N. BAY VILLAGE FL 33141

TITLE VP ☒ Change ☐ Addition  
NAME FRANKLIN DEAN H.  
STREET ADDRESS 7530 MIAMI VIEW DR  
CITY-ST-ZIP N. BAY VILLAGE, FL 33141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeanne Franklin Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 (305) 759-1456

Date Daytime Phone #

CR2E034 (9/99)