## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # K65288** 1. Entity Name SCHWARZ ENTERPRISES, INC. 4-26-2001 90304 017 \*\*\*150.00 Principal Place of Business Mailing Address DARBY HAUCK HAUCK. DARBY 712 US HWY ONE #210 712 US HWY ONE, #210 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0114903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIGHTHOUSE FOR THE BLIND OF PALM BEACHES Street Address (P.O. Box Number is Not Acceptable) 7810 SOUTH DIXIE HWY WEST PALM BEACH FL 33405 City Zio 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Addition GODDARD, NED MAME NAME 3216 N FLAGLER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HAUCK, DARBY NAME NAME 618 US HWY. 1, STE. 401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition THOMPSON, WILLIAM S. NAME NAME STREET ADDRESS 7810 SOUTH DIXIE HWY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL C(TY-ST-ZI2 ☐ Delete TITLE Change Addition KLETT, STANLEY D NAME NAME STREET ADDRESS 4100 RCA BLVD., SUITE #100 STREET ADDRESS CHTY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition □ Delete NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

Daytime Phone #