

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M06252

1. Entity Name

SCHUMACHER PROPERTIES, INC.

FILED

Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90021 046 \*\*\*150.00

Principal Place of Business

Mailing Address

50-B FISHING VILLAGE DR  
KEY LARGO FL 33037  
US

100 ANCHOR DR. #500  
KEY LARGO FL 33037-5277  
US

2. Principal Place of Business

3. Mailing Address

24 DOCKSIDE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 500

City & State

Key Largo FL

Zip

Country

33037

Country

4. FEI Number

59-2464750

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

7. Name and Address of New Registered Agent

SCHUMACHER, WILLIAM N  
SCHUMACHER PROPERTIES INC  
100 ANCHOR DR #500  
KEY LARGO FL 33037

Name William N. Schumacher

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

Schumacher Properties, Inc.

24 DOCKSIDE LANE PMB 500

City Key Largo

FL

Zip Code 33037

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 William N. Schumacher

W N Schumacher

2/15/00

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHUMACHER, WILLIAM N 32 BAKER RD. KEY LARGO FL	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

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

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:

W N Schumacher William N. Schumacher 2/15/00 305 367-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #