

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

0071750

DOCUMENT # N00000003054

1. Entity Name

SCHEFER FAMILY FOUNDATION, INC.

02-27-2001 90357 022 ****61.25

Principal Place of Business

5801 PELICAN BAY BOULEVARD #300
NAPLES FL 34108

Mailing Address

1275 GALLEON DRIVE
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-6333794

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCKEL, ROBERT M
5801 PELICAN BAY BOULEVARD
SUITE 300
NAPLES FL 34108

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

TITLE	PRESIDENT + DIRECTOR	<input type="checkbox"/> Delete
NAME	EDWARD A. SCHEFER	
STREET ADDRESS	1275 GALLEON DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	SECRETARY + DIRECTOR	<input type="checkbox"/> Delete
NAME	FAY S. SCHEFER	
STREET ADDRESS	1275 GALLEON DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHARLES A. SCHEFER	
STREET ADDRESS	2500 E. MEREDITH DRIVE	
CITY-ST-ZIP	VIENNA, VA 22181	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	LEE E. SCHEFER	
STREET ADDRESS	4393 PALO VERDE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	FRANCIS F. SCHEFER	
STREET ADDRESS	105 PARK BROOKS COURT	
CITY-ST-ZIP	ALPHARETTA, GA 30022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD A. SCHEFER	
STREET ADDRESS	1275 GALLEON DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	SECRETARY + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAY S. SCHEFER	
STREET ADDRESS	1275 GALLEON DRIVE	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES A. SCHEFER	
STREET ADDRESS	2500 MEREDITH DRIVE	
CITY-ST-ZIP	VIENNA, VA 22181	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE E. SCHEFER	
STREET ADDRESS	4393 PALO VERDE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS F. SCHEFER	
STREET ADDRESS	105 PARK BROOKS CT	
CITY-ST-ZIP	ALPHARETTA, GA 30022	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 941-430-2869

CR2E037 (10/00)