

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003054

1. Entity Name

SCHEFER FAMILY FOUNDATION, INC.

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

65-6333294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS SCHEFER, EDWARD A  
CITY-ST-ZIP 1275 GALLEON DR.  
NAPLES FL 34102 ☐ Delete

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

TITLE  
NAME SD  
STREET ADDRESS SCHEFER, FAY S  
CITY-ST-ZIP 1275 GALLEON DR.  
NAPLES FL 34102 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS SCHEFER, CHARLES A  
CITY-ST-ZIP 2500 MERIDITA DR.  
VIENNA VA 22181 ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 2500 E. MEREDITH DRIVE  
CITY-ST-ZIP

TITLE  
NAME D  
STREET ADDRESS SCHEFER, LEE E  
CITY-ST-ZIP 4393 PACO VERDE DR.  
BOYNTON BEACH FL 33436 ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 300 WESTWOOD CIRCLE NO.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE  
NAME D  
STREET ADDRESS SCHETER, FRANCIS F  
CITY-ST-ZIP 105 PARK BROOKE CT.  
ALPHARETTA GA 30022 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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

1/30/02

941-430-2809

Date

Daytime Phone #

CR2E037 (9/01)