

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00094

1. Entity Name

BERNARD SCHONINGER FOUNDATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90369 033 ****61.25

Principal Place of Business

4225 PONCE DE LEON
 CORAL GABLES FL 33146
 US

Mailing Address

4225 PONCE DE LEON
 CORAL GABLES FL 33146-1826
 US

9999 Collins Ave
 Bal Harbour FL 33154

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

59-2360152

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

GABLE, MICHAEL P
 4000 HOLLYWOOD BLVD
 STE 485 S. TOWER
 HOLLYWOOD FL 33021

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 PD
 NAME SCHONINGER, BERNARD
 STREET ADDRESS 2 GROVE ISLE #1702
 CITY-ST-ZIP COCONUT GROVE FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
 NAME SCHONINGER, ALEXANDRIA
 STREET ADDRESS 2 GROVE ISLE, APT. B1702
 CITY-ST-ZIP COCONUT GROVE FL 33133

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
 NAME KRAMER, JAMES T
 STREET ADDRESS 4225 PONCE DE LEON BLVD
 CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Don Paul
 NAME
 STREET ADDRESS 6401 Southwest 87 Avenue
 CITY-ST-ZIP Miami, FL 33173

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 18, 2000

Date

Daytime Phone #

CR2E037 (9/99)