

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0045678

DOCUMENT # N02000000923

1. Entity Name

THE TERRI SCHINDLER-SCHIAVO FOUNDATION, INC.



FILED

04 OCT -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4615 GULF BLVD SUITE 103-104
ST PETERSBURG FL 33706

Mailing Address
4615 GULF BLVD SUITE 103-104
ST PETERSBURG FL 33706

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

04-3612698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CONLEY, CRISTIN A
ONE HARBOUR PLACE 777 S HARBOUR ISLAND BLV
TAMPA FL 33602-5730

7. Name and Address of New Registered Agent

Name Brant A. Bailey

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

695 Central Ave, Suite 201

City St. Petersburg

FL

Zip Code

33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brant A. Bailey

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

(NOTE: Registered Agent signature required when reinstating)

10/1/04

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHINDLER, ROBERT S SR
STREET ADDRESS 6372 PALMA DOL MAR BLVD #101
CITY-ST-ZIP ST PETERSBURG FL 33715

TITLE D ☐ Delete
NAME SCHINDLER, MARY L
STREET ADDRESS 6372 PALMA DOL MAR BLVD #101
CITY-ST-ZIP ST-PETERSBURG FL 33715

TITLE D ☐ Delete
NAME SCHINDLER, ROBERT S JR
STREET ADDRESS 3101 SEA WAY CT #105
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete
NAME CARR, SUZANNE
STREET ADDRESS 6368 7TH AVENUE N
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6075 SHORE BLVD-402
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6075 SHORE BLVD-402
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000041615010
CITY-ST-ZIP 10/05/04--01088--001 **61.25

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

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

TITLE ☐ Change ☐ 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 of Robert S. Schindler

ROBERT S. SCHINDLER 9/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)