

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-14-2002 90352 001 ***122.50

DOCUMENT # N13141

1. Entity Name

SCHOTT MEMORIAL CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

6591 SW 124TH AVE
FT. LAUDERDALE FL 33330
US

6591 SW 124TH AVE
FT. LAUDERDALE FL 33330
US

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

59-2798816

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

FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 2-G
CORAL GABLES FL 33134

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 **VPD** ☐ Delete
NAME **PAELLO, RAYMOND**
STREET ADDRESS **14430 MUSTANG TRAIL**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **SCHOTT, R GREG**
STREET ADDRESS **201 EAST 5th ST #1750**
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **ATD** ☐ Delete
NAME **HENNESSEY, REV. WILLIAM**
STREET ADDRESS **9401 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE **D** ☐ Change ☒ Addition
NAME **HILTZ, FRANCIE**
STREET ADDRESS **6650 MIRA LAKE DR**
CITY-ST-ZIP **CINCINNATI, OH 45243**

TITLE **SD** ☐ Delete
NAME **ARISTY, JUAN**
STREET ADDRESS **4215 S.W. 33RD DRIVE**
CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE **TD** ☒ Delete
NAME **VITUCCI, JAMES R**
STREET ADDRESS **6591 S.W. 124TH AVENUE**
CITY-ST-ZIP **DAVE FL**

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

TITLE **D** ☐ Delete
NAME **MCCONNELL, ROBERT**
STREET ADDRESS **7716 COLONY LAKE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

TITLE **PD** ☐ Delete
NAME **SCHOTT, STEPHEN**
STREET ADDRESS **201 EAST 5TH ST**
CITY-ST-ZIP **CINCINNATI OH 45202**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COMPLETED APR 08 2002

CR2E037 (9/01)