

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90164 009 ****61.25

0075686

DOCUMENT # N25871

1. Entity Name

THE SCHOENBAUM FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**340 S. PALM AVE
#162
SARASOTA FL 34236
US**

**340 S. PALM AVE
#162
SARASOTA FL 34236
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0043921

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIERCKS, JEFFREY

**~~402 S. WESTSHORE BOULEVARD
TAMPA FL 33609~~**

(SAME
REGISTERED
AGENT
CHANGE OF
ADDRESS
ONLY)

Name

JEFFREY DIERCKS

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

C/O INTRUST ADVISORS

320 West Kennedy Boulevard, Suite 250

City

TAMPA

FL

Zip Code

33606-1455

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 **D** ☐ Delete
NAME **SCHOEBAUM, BETTY FRANK**
STREET ADDRESS **340 S. PALM AVE #162**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **D** ☐ Delete
NAME **SCHOENBAUM, RAYMOND D.**
STREET ADDRESS **5530 CLAIRE ROSE LN**
CITY-ST-ZIP **ATLANTA GA 30327**

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

TITLE **D** ☐ Delete
NAME **SCHOENBAUM, JEFFRY F.**
STREET ADDRESS **2966 EAGLE ESTATES CIRCLE WEST**
CITY-ST-ZIP **CLEARWATER FL 34621**

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

TITLE **D** ☐ Delete
NAME **MILLER, JOANN SCHOENBAUM**
STREET ADDRESS **1331 PRESERVATION WAY**
CITY-ST-ZIP **OLDSMAR FL**

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

TITLE **D** ☐ Delete
NAME **SCHOENBAUM, EMILY**
STREET ADDRESS **340 S. PALM AVE #162**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE ☐ Delete
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:

Betty Schoenbaum

4/17/2001 (941) 957-0381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/00)