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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26998 (7)

1. Corporation Name

THE ALAN E. SCHUBERT FOUNDATION, INC.

Principal Place of Business

8000 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address

8000 N. FEDERAL HIGHWAY
BOCA RATON FL 33487-16203. Date Incorporated or Qualified
06/17/19883a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 305 N. VICTORIA PARK ROAD

2a. Mailing Address

25 305 N. VICTORIA PARK ROAD

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

23 FORT LAUDERDALE FLORIDA

City & State

28 FORT LAUDERDALE FLORIDA

Zip

24 33301

Country

25 USA

Zip

29 33301

Country

30 USA

4. FEI Number

65-0058078

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

HCMR CORP.
1900 CORPORATE BLVD., NW
SUITE 400, WEST BUILDING
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME SCHUBERT, ALAN E.
STREET ADDRESS 800 N. FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL☐ DELETETITLE D
NAME SCHUBERT, FRANCES
STREET ADDRESS 1071 D CORNWALL
CITY-ST-ZIP BOCA RATON FL☐ DELETETITLE VSD
NAME SCHUBERT, LAWRENCE H.
STREET ADDRESS 4469 WOODFIELD BLVD
CITY-ST-ZIP BOCA RATON FL☐ DELETETITLE D
NAME SCHUBERT, MATTHEW
STREET ADDRESS 111 WEST MAPLE
CITY-ST-ZIP CHICAGO IL☐ DELETETITLE D
NAME SCHUBERT, JASON
STREET ADDRESS 4469 WOODFIELD BLVD
CITY-ST-ZIP BOCA RATON FL☐ DELETETITLE D
NAME SCHUBERT, NADYA
STREET ADDRESS 4469 WOODFIELD BLVD
CITY-ST-ZIP BOCA RATON FL☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME ROBERT A. SUZUKI
1.3 STREET ADDRESS 305 N. VICTORIA PARK ROAD
1.4 CITY-ST-ZIP FORT LAUDERDALE FLORIDA 33301☐ Change ☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Alan Schubert ALAN E. SCHUBERT 1/20/97 954 779 2680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039562

CR2E037 (9/96)