

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90057 001 \*\*\*\*61.25

DOCUMENT # **N26998**

Corporation Name

**THE ALAN E. SCHUBERT FOUNDATION, INC.**

Principal Place of Business

**305 N VICTORIA PARK RD  
FT LAUDERDALE FL 33301**

Mailing Address

**305 N VICTORIA PARK RD  
FT LAUDERDALE FL 33301  
US**



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	06/17/1988
City & State	27. City & State	4. FEI Number
Zip	28. Zip	65-0058078
Country	29. Country	Applied For
25	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

**B&C CORPORATE SERVICES INC  
201 SOUTH BISCAYNE BLVD  
STE 3000  
MIAMI FL 33131**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PTD SCHUBERT, ALAN E. 305 N VICTORIA PARK RD FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE	D Suzuki, Robert A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SCHUBERT, FRANCES 1071 D CORNWALL BOCA RATON FL	<input type="checkbox"/> DELETE	1.2 NAME	305 N. Victoria Park Rd.	
VSD SCHUBERT, LAWRENCE H. 17999 LAKE ESTATES DR BOCA RATON FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	Fort Lauderdale, FL	
D SCHUBERT, MATTHEW 1529 WINDY HILL DR NORTHBROOK IL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
D SCHUBERT, JASON 17999 LAKE ESTATES DR BOCA RATON FL	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SCHUBERT, NADYA 17999 LAKE ESTATES DR BOCA RATON FL	<input type="checkbox"/> DELETE	2.2 NAME		
		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

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 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 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 #

CR2E037 (11/98)

1-11-99 9547752680