

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44590

1. Entity Name

RIGGS/SCHNEIDER FOUNDATION, INC.

Principal Place of Business

5108 S. ORANGE  
ORLANDO FL 32809  
US

Mailing Address

5108 S. ORANGE  
ORLANDO FL 32809-3020  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AIRTH, WILLIAM C JR  
28-42 W. CENTRAL BLVD  
4TH FLOOR  
ORLANDO FL 32801

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 D ☐ Delete  
NAME RIGGS, THOMAS W.  
STREET ADDRESS 403 OAK LYNN DRIVE  
CITY-ST-ZIP ORLANDO FL 32809

TITLE D ☐ Change ☒ Addition  
NAME RIGGS, CORT T.  
STREET ADDRESS 403 OAK LYNN DRIVE  
CITY-ST-ZIP ORLANDO FL 32809

TITLE VD ☐ Delete  
NAME RIGGS, ALICE S.  
STREET ADDRESS 428 OAKLYNN DR  
CITY-ST-ZIP ORLANDO FL

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

TITLE STD ☐ Delete  
NAME BOWEN, KATHY J.  
STREET ADDRESS 112 N SILVER CLUSTER CT  
CITY-ST-ZIP LONGWOOD FL

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

TITLE D ☐ Delete  
NAME RIGGS, TODD WALTER  
STREET ADDRESS 428 OAKLYNN DR  
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete  
NAME AIRTH, WILLIAM C., JR.  
STREET ADDRESS 28 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90026 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3086942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)