

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90225 013 \*\*\*\*61.25

**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  
 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 **59-3086942**

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

**AIRTH, WILLIAM C JR**  
~~2842 W CENTRAL BLVD~~  
~~ORLANDO~~  
~~ORLANDO FL 32804~~

*Change of Address  
 Only -*

Name

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

**Thomas R. Olsen, P.A.**

**2518 Edgewater Dr., Ste. 4**

City

**Orlando**

**FL**

Zip Code

**32804**

8. The above named entity submits this

registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Handwritten Signature]*

**Thomas W. Riggs**

**2/22/02**

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  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.**  
~~2842 W CENTRAL BLVD~~  
~~ORLANDO FL~~

TITLE  Change  Addition  
 NAME **Airth, William C., Jr.**  
 STREET ADDRESS **Thomas R. Olsen, P.A.**  
 CITY-ST-ZIP **2518 Edgewater Dr., Ste. 4**  
**Orlando FL 32804**

TITLE **D**  Delete  
 NAME **RIGGS, CORT T**  
 STREET ADDRESS **403 OAK LYNN DR**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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 REQUIRED** **Thomas W. Riggs**

**2/22/02**

**(407) 856-0245**

CR2E037 (9/01)