

2002 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
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 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

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

(NOTE: Registered Agent signature required when reinstating)

Thomas W. Riggs

2/22/02

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 | <input type="checkbox"/> Delete |
| NAME | RIGGS, THOMAS W. | |
| STREET ADDRESS | 403 OAK LYNN DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32809 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RIGGS, ALICE S. | |
| STREET ADDRESS | 428 OAKLYNN DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | BOWEN, KATHY J. | |
| STREET ADDRESS | 112 N SILVER CLUSTER CT | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RIGGS, TODD WALTER | |
| STREET ADDRESS | 428 OAKLYNN DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AIRTH, WILLIAM C., JR. | |
| STREET ADDRESS | 2842 W CENTRAL BLVD | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RIGGS, CORT T | |
| STREET ADDRESS | 403 OAK LYNN DR | |
| CITY-ST-ZIP | ORLANDO FL 32809 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas W. Riggs
SIGNATURE REQUIRED

2/22/02

(407) 856-0245

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE