

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90168 019 ****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

6. Name and Address of Current Registered Agent

**AIRTH, WILLIAM C JR
C/O THOMAS R OLSEN P.A.
2518 EDGEWATER DR., STE. 4
ORLANDO FL 32804**

4. FEI Number **59-3086942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	RIGGS, THOMAS W.	403 OAK LYNN DRIVE	ORLANDO FL 32809	<input type="checkbox"/>
VD	RIGGS, ALICE S.	428 OAKLYNN DR	ORLANDO FL	<input type="checkbox"/>
STD	BOWEN, KATHY J.	112 N SILVER CLUSTER CT	LONGWOOD FL	<input type="checkbox"/>
D	RIGGS, TODD WALTER	428 OAKLYNN DR	ORLANDO FL	<input type="checkbox"/>
D	AIRTH, WILLIAM C., JR.	%THOMAS R OLSEN PA 2518 EDGEWATER DT STE 4	ORLANDO FL 32804	<input type="checkbox"/>
D	RIGGS, CORT T	403 OAK LYNN DR	ORLANDO FL 32809	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/19/03

4078510245 x 228

CR2E037 (10/02)