

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001662

1. Entity Name

SCHWARZKOPF FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

400 N. ASHLEY STREET
SUITE 3050
TAMPA FL 33602

400 N. ASHLEY STREET
SUITE 3050
TAMPA FL 33602-4314

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

SCHWARZKOPF, H. NORMAN GEN
400 N. ASHLEY STREET
SUITE 3050
TAMPA FL 33602

Name

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

City

FL

Zip Code

4. FEI Number

59-3236578

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME SCHWARZKOPF, H. NORMAN GEN
STREET ADDRESS 400 N. ASHLEY STREET, SUITE 3050
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Delete
NAME SCHWARZKOPF, BRENDA H
STREET ADDRESS 400 N. ASHLEY STREET, SUITE 3050
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ Delete
NAME SCHWARZKOPF, CYNTHIA P
STREET ADDRESS 400 N. ASHLEY STREET, SUITE 3050
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ ...
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 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 #