

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005806

1. Entity Name

THE LEE SCHAEENEN FOUNDATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90031 042 ****61.25

Principal Place of Business

Mailing Address

1049 BLUE HERON DRIVE
SANIBEL ISLAND FL 33957

1049 BLUE HERON DRIVE
SANIBEL ISLAND FL 33957-2701

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

65-0782014

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

SCHAEENEN, NELL FOSTER
1049 BLUE HERON DRIVE
SANIBEL ISLAND FL 33957

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

Nell Foster Schaeenen

01-20-2000

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 PD ☐ Delete
NAME SCHAEENEN, NELL F
STREET ADDRESS 1049 BLUE HERON DRIVE
CITY-ST-ZIP SANIBEL ISLAND FL 33957

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

TITLE VD ☐ Delete
NAME SCHUB, EARL DR
STREET ADDRESS 2650 WEST LAKEVIEW
CITY-ST-ZIP CHICAGO IL 60614

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

TITLE VSDT ☐ Delete
NAME GIBBONS, MARY W
STREET ADDRESS 440 WEST END AVENUE, 18C
CITY-ST-ZIP NEW YORK NY 10024

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

TITLE D ☐ Delete
NAME LLOYD, DAVID
STREET ADDRESS 251 WEST 89TH STREET
CITY-ST-ZIP NEW YORK NY 10024

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

TITLE D ☐ Delete
NAME BRAVAR, A JAMES
STREET ADDRESS 1014 HOLDEN RD
CITY-ST-ZIP YOUNGSVILLE NC 27596

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:

Nell Foster Schaeenen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-2000 941-345-1693

Date

Daytime Phone #

CR2E037 (9/99)