

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005806

1. Entity Name

THE LEE SCHAELEN FOUNDATION, INC.

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90037 048 \*\*\*\*61.25

Principal Place of Business

1049 BLUE HERON DRIVE  
SANIBEL ISLAND FL 33957

Mailing Address

1049 BLUE HERON DRIVE  
SANIBEL ISLAND FL 33957

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

SCHAELEN, 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

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

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

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

TITLE EARL J. SCHUB  
NAME 2202 SUMMERTIME LANE  
STREET ADDRESS CULVER CITY CA 90230 ☒ Change ☐ Addition

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

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

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

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

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

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

TITLE  
NAME GIBBONS DAVID  
STREET ADDRESS 44 EAST 82ND ST  
CITY-ST-ZIP NEW YORK NY 10003 ☐ Delete

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

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 Schaele NEILL FOSTER SCHAELEN 4-8-01 941.395 1693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)