

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000005806**

1. Entity Name

**THE LEE SCHAENEN FOUNDATION, INC.**

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0782014

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

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

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.

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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPPD  
SCHAENEN, NELL F  
1049 BLUE HERON DRIVE  
SANIBEL ISLAND FL 33957☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVD  
SCHUB, EARL DR  
2202 SUMMERTIME LANE  
CULVER CITY CA 90230☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVSDT  
GIBBONS, MARY W  
440 WEST END AVENUE, 18C  
NEW YORK NY 10024☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPD  
BRAVAR, A JAMES  
1014 HOLDEN RD  
YOUNGSVILLE NC 27596☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPP  
GIBBONS, DAVID  
44 EAST 3RD STREET  
NEW YORK NY 10003☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. 24. 02

Date

841-398-1693

Daytime Phone #

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90230 016 \*\*\*\*61.25

B0126335



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)