

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91342 019 *****61.25

DOCUMENT # N95000005806

1. Entity Name

THE LEE SCHAEENEN 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 & 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. 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 **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 **2202 SUMMERTIME LANE**
CITY-ST-ZIP **CULVER CITY CA 90230**

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 **BRAVAR, A JAMES**
STREET ADDRESS **1014 HOLDEN RD**
CITY-ST-ZIP **YOUNGSVILLE NC 27596**

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

TITLE **P** ☐ Delete
NAME **GIBBONS, DAVID**
STREET ADDRESS **44 EAST 3RD STREET**
CITY-ST-ZIP **NEW YORK NY 10003**

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

TITLE **Who?** ☐ Delete
NAME **Richard**
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:

None/None Required

4.25.03 239.395.1673

CR2E037 (10/02)