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

## DOCUMENT # N9600001079

1. Entity Name

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## PHILIP M. SCHWARTZ AND LEE G. SCHWARTZ PHILANTHR OPIC FOUNDATION, INC.



Feb 21, 2003 8:00 am Secretary of State
02-21-2003 90145 024 \*\*\*\*70.00

☐ Change

Addition

**FILED** 

Principal Plac	o of Business							
701 - 79TH CIE		Mailing Address					- 🕶	
ST. PETERSBU		13356-88 AVE N SEMINOLE FL 33776	6					
					(			
2. Principal Place of Business 13354-88 AVE P  3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat		City & State	City & State		4. FEI Number 31-1465773			pplied For ot Applicable
337	Country USA	Zip	Со	untry	5. Certificate of Sta		<b>\$8.75</b> Ade Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and Add	ress of New Registered A	gent	
				Name				
Marger, Bruce esquire 360 central avenue				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 15								
SI. PEIE	RSBURG FL 33701			City		FL	Zip Cod	le
8. The above	named entity submits this statement f	or the purpose of chang	nina its reaistei	L red office or reals	stered agent, or both, in t	the State of Florida. I am fa	amiliar with.	and accept
	tions of registered agent.	or the purpose of a range	ggg	ou omoo o, , og.	etoro a agam, or a com, mar			
	ast.							
SIGNATURE .								
•	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	ed Agent signature requ	uired when reinstating)	DATE		
						DAIL		
							<b></b>	
	FILE NOW: FEE IS \$61.25		ion Campaign I		<b>\$5.00</b> May Be	Make Check		
8	FILE NOW: FEE IS \$61.25		ion Campaign I Fund Contribu					
10.	FILE NOW: FEE IS \$61.25	Trust		tion.	<b>\$5.00</b> May Be Added to Fees	Make Check	ment of	State
8` 	•	Trust	Fund Contribu	tion.	<b>\$5.00</b> May Be Added to Fees	Make Check Florida Depart	ment of	State
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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.

NAME

TITLE NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: X BSIGNATUREVICE President X2-17-03 727-397-6960