


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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90145 024 \*\*\*\*70.00

**DOCUMENT # N96000001079**

1. Entity Name  
**PHILIP M. SCHWARTZ AND LEE G. SCHWARTZ PHILANTHROPIC FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**701 - 79TH CIRCLE SOUTH      13356-88 AVE N**  
**ST. PETERSBURG FL 33707      SEMINOLE FL 33776**

2. Principal Place of Business      3. Mailing Address

**13356-88 AVE N**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**SEMINOLE, FLORIDA**

Zip      Country      Zip      Country

**33776      USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1465773**      Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARGER, BRUCE ESQUIRE**  
**360 CENTRAL AVENUE**  
**SUITE 1500**  
**ST. PETERSBURG FL 33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SCHWARTZ, LEE G</b>
STREET ADDRESS	<b>701 - 79TH CIRCLE SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>LIPMAN, ELAINE</b>
STREET ADDRESS	<b>7980 LISA DAWN AVE</b>
CITY-ST-ZIP	<b>LAS VEGAS NV 89117</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>BINDERMAN, MAUREEN</b>
STREET ADDRESS	<b>11929 GLEEN MILL ROAD</b>
CITY-ST-ZIP	<b>POTOMAC MD 20854</b>
TITLE	<b>VSD</b> <input type="checkbox"/> Delete
NAME	<b>BORNSTEIN, BILLIE SUE</b>
STREET ADDRESS	<b>13356 - 88TH AVENUE</b>
CITY-ST-ZIP	<b>SEMINOLE FL 34646</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **X BORNSTEIN, BILLIE SUE Vice President X 2-17-03 727-397-6960**

CR2E037 (10/02)