


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