

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005088

1. Entity Name

SCHUMANN COMMERCIAL PROPERTY OWNERS' ASSOCIATION

Principal Place of Business

906 S. FLEMING ST  
SEBASTIAN FL 32958  
US

Mailing Address

P.O. BOX 781047  
SEBASTIAN FL 32978-1047

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

NOT APPLICABLE

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

ADAMS, HAROLD D  
1676 N US HWY 1  
SEBASTIAN FL 32958

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 Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, HAROLD D	
STREET ADDRESS	906 S. FLEMING ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	ADAMS, FRANCES J	
STREET ADDRESS	906 S. FLEMING ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JOHN	
STREET ADDRESS	1676 N US HWY 1	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 02/11/2000 (561) 589-0790

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 29, 2000 8:00 am  
Secretary of State

04-29-2000 90006 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE