

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90131 004 \*\*\*\*61.25

**DOCUMENT # N96000005456**

1. Entity Name

**THE LEONARD SCHNURMACHER FOUNDATION, INC.**

Principal Place of Business

Mailing Address

12280 NW 4TH ST  
 PLANTATION FL 33325-2424  
 US

12280 NW 4TH ST  
 PLANTATION FL 33325-2424  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**REBECCA H. FISCHER, P.A.**  
**4651 SHERIDAN ST., STE. 325**  
**HOLLYWOOD FL 33021**

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  Delete  
 NAME **D**  
**SCHNURMACHER, LEONARD M**  
 STREET ADDRESS **12280 NW 4TH ST**  
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**BLECHER, JILL**  
 STREET ADDRESS **201 E 36TH ST. #4A**  
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**SCHNURMACHER, ROBERT**  
 STREET ADDRESS **120 E 34TH ST #9N**  
 CITY-ST-ZIP **NEW YORK NY 10016**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**SCHNURMACHER, JEFFREY**  
 STREET ADDRESS **201 W 77TH ST #4B**  
 CITY-ST-ZIP **NEW YORK NY 10024**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**SCHNURMACHER, JEANNETTE**  
 STREET ADDRESS **12280 NW 4TH ST**  
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 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 another like empowered.

SIGNATURE: *[Signature]*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

954.472.7200

Date

Daytime Phone #