

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001394

1. Entity Name

THE SCHNEER FOUNDATION, INC.

Principal Place of Business

5833 N.W. 24TH TERRACE
BOCA RATON FL 33496-2822

Mailing Address

C/O FRANK MIRTH CO
8 GOLDBATH 5 A
LONDON ECIR S4L
NK

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

SCHNEER, CHARLES H
5833 N.W. 24TH TERRACE
BOCA RATON FL 33496-2822

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 D ☐ Delete
NAME SCHNEER, CHARLES H
STREET ADDRESS 5833 N.W. 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33496-2822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHNEER, SHIRLEY S
STREET ADDRESS 5833 N.W. 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33496-2822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SILVER, LESLEY J.S.
STREET ADDRESS FLAT 1, 164 SUTHERLAND AVENUE
CITY-ST-ZIP LONDON W91HR ENGLAND

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEE, STACEY L. S.
STREET ADDRESS 375 HEATH STREET
CITY-ST-ZIP CHESTNUT HILLS MA 02167

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GREIFER, BETTINE S
STREET ADDRESS 367 SOUTH CURSON AVENUE
CITY-ST-ZIP LOS ANGELES CA 90036-3258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REID, BRANDON
STREET ADDRESS ONE BROADWAY
CITY-ST-ZIP NEW YORK NY 10004

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90429 039 *****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)

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