

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007176

1. Corporation Name

SCHIAVONE FAMILY FOUNDATION, INC.

Principal Place of Business

OCEAN REEF CLUB
33 CARDINAL LANE
KEY LARGO FL 33037

Mailing Address

C/O G. M. VASEL
1600 PATERSON PLANK RD
SECAUCUS NJ 07094
US

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90002 025 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
12/29/1997

4. FEI Number
65-0795617

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHIAVONE, RONALD A
OCEAN REEF CLUB
33 CARDINAL LANE
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SCHIAVONE, RONALD A
STREET ADDRESS OCEAN REEF CLUB, 33 CARDINAL LANE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D ☐ DELETE
NAME SCHIAVONE, JEAN R
STREET ADDRESS OCEAN REEF CLUB, 33 CARDINAL LANE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D ☐ DELETE
NAME SCHIAVONE, CHRISTOPHER
STREET ADDRESS 5 COLLINS DRIVE
CITY-ST-ZIP MORRISTOWN NJ 07960

TITLE D ☐ DELETE
NAME DIALFONSO, ELISSA
STREET ADDRESS 247 LONG MEADOW ROAD
CITY-ST-ZIP BEDMINSTER NJ 07921

TITLE D ☐ DELETE
NAME DIMAGGIO, CORA
STREET ADDRESS 288 MORNING GLORY CT
CITY-ST-ZIP WHITEHOUSE STATION NJ 08889

TITLE D ☐ DELETE
NAME PIRTLE, JAMES A
STREET ADDRESS 79 MEADOW ROAD
CITY-ST-ZIP WHITEHOUSE STATION NJ 08889

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

[Signature] 5/12/99 801-5070

CR2E037 (1/98)