

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007176

1. Entity Name

SCHIAVONE FAMILY FOUNDATION, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90045 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

OCEAN REEF CLUB  
 33 CARDINAL LANE  
 KEY LARGO FL 33037

C/O G. M. VASEL  
 1600 PATERSON PLANK RD  
 SECAUCUS NJ 07094-4019  
 US

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

65-0795617

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

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

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

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

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

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

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

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

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

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

*R. Schiavone* 5/11/00 536-3515