

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007176

1. Entity Name

SCHIAVONE FAMILY FOUNDATION, INC.

Principal Place of Business

OCEAN REEF CLUB  
33 CARDINAL LANE  
KEY LARGO FL 33037

Mailing Address

C/O RICHARD STEARN  
8 SHERBROOKE LANE  
MORGANVILLE NJ 07751  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIAVONE, RONALD A	
STREET ADDRESS	OCEAN REEF CLUB, 33 CARDINAL LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIAVONE, JEAN R	
STREET ADDRESS	OCEAN REEF CLUB, 33 CARDINAL LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIAVONE, CHRISTOPHER	
STREET ADDRESS	5 COLLINS DRIVE	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIALFONSO, ELISSA	
STREET ADDRESS	247 LONG MEADOW ROAD	
CITY-ST-ZIP	BEDMINSTER NJ 07921	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIMAGGIO, CORA	
STREET ADDRESS	288 MORNING GLORY CT	
CITY-ST-ZIP	WHITEHOUSE STATION NJ 08889	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIRTLE, JAMES A	
STREET ADDRESS	79 MEADOW ROAD	
CITY-ST-ZIP	WHITEHOUSE STATION NJ 08889	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/17/01

201-867-5070

Date

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90086 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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