

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007643

1. Entity Name

THE KOURTNEY NICOLE SCHMIDT FOUNDATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90028 044 ****61.25

Principal Place of Business % MICHAEL MOSKOWITZ 800 CORPORATE DRIVE SUITE 510 FT LAUDERDALE FL 33334	Mailing Address % MICHAEL MOSKOWITZ 800 CORPORATE DRIVE SUITE 510 FT LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

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 65-0966286	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SALIM, WILLIAM G ESQ.
800 CORPORATE DRIVE
SUITE 510
FORT LAUDERDALE FL 33334**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MOSKOWITZ, MICHAEL W
STREET ADDRESS	800 CORPORATE DRIVE, SUITE 510
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	D <input type="checkbox"/> Delete
NAME	STERLING, NEIL
STREET ADDRESS	2132 BAYVIEW DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33305
TITLE	D <input type="checkbox"/> Delete
NAME	PARRISH, LORI
STREET ADDRESS	2701 SW 141 TERRACE
CITY-ST-ZIP	DAVIE FL 33330
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerments.

SIGNATURE: SIGNATURE REQUIRED MICHAEL W. MOSKOWITZ 2000 954 491-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)