

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90053 005 ****61.25

DOCUMENT # P36857

1. Entity Name

THE LEWIS SCHOTT FOUNDATION, INCORPORATED



Principal Place of Business

220 SUNRISE AVE
SUITE 216
PALM BEACH FL 33480

Mailing Address

220 SUNRISE AVE
SUITE 216
PALM BEACH FL 33480

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

58-1969908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCHOTT, LEWIS M.
200 SUNRISE AVENUE
SUITE 216
PALM BEACH FL 33480

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHOTT, LEWIS M.	
STREET ADDRESS	226 VIA LAS BRISAS	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHOTT, NASH W.	
STREET ADDRESS	503 PRINCESS STREET	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOTT, STEVEN G.	
STREET ADDRESS	6 BURNS ST APT 110	
CITY-ST-ZIP	FOREST HILLS GARDENS NY 11375	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ROTHSCHILD, VICTORIA	
STREET ADDRESS	62 B CADOGAN SQUARE	
CITY-ST-ZIP	LONDON SW1X OEA UK	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 Dartmouth St.	
STREET ADDRESS	Forest Hills, NY	
CITY-ST-ZIP	11375	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	38 Cheyne Walk	
STREET ADDRESS	London SW3 5HJ, UK	
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

Date

Daytime Phone #

3/8/04 561-233-3387