

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000000573

FILED  
Nov 02, 2007  
Secretary of State

**Entity Name:** THE ARLENE UTZ HOLLINGER FOUNDATION, INC.

**Current Principal Place of Business:**

6161 N. OCEAN BLVD  
OCEAN RIDGE, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

2 S BISCAYNE BLVD  
SUITE 3400  
MIAMI, FL 33131

**New Mailing Address:**

2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409

**FEI Number:** 65-0386804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GY CORPORATE SERVICES INC.  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3400 - ONE BISCAYNE TOWER  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

COCHRANE JR, THOMAS E  
2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409 US

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: THOMAS E COCHRANE JR

11/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: RICE, ANDREA  
Address: 7200 CAPILLA CT  
City-St-Zip: CORAL GABLES, FL 33143

Title: DST ( ) Delete  
Name: RICE, MICHAEL  
Address: 900 HIGH ST  
City-St-Zip: HANOVER, PA 17331

Title: DP ( ) Delete  
Name: RICE, SUZANNE  
Address: 6161 N OCEAN BLVD  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D ( ) Delete  
Name: KING, ESTELLE  
Address: 2596 HANOVER PIKE  
City-St-Zip: HANOVER, PA 17331

Title: D ( ) Delete  
Name: LAABS, GARY L  
Address: 228 N STEPHEN PLACE  
City-St-Zip: HANOVER, PA 17331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA RICE

VP

11/02/2007

Electronic Signature of Signing Officer or Director

Date