

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90224 001 \*\*\*300.00

**DOCUMENT # 349861**

1. Entity Name

**ROBERT REICHE, INC.**

Principal Place of Business

**4814 KENSINATION PARK BLVD.  
ORLANDO FL 32819  
US**

Mailing Address

**2100 TERRACE BOULEVARD  
LONGWOOD FL 32779  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**501 Blue Lake Dr.**

**Longwood FL**

**32779**

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1267340**

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

**REICHE, ROBERT B.  
2100 TERRACE BOULEVARD  
LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

**501 Blue Lake Dr.**

City

**Longwood**

FL

Zip Code

**32779**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REICHE, ROBERT B.</b>	
STREET ADDRESS	<b>2100 TERRACE BLVD</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>REICHE, ANN MARIE</b>	
STREET ADDRESS	<b>2100 TERRACE BLVD</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>REID, CHARLES E</b>	
STREET ADDRESS	<b>878 S LAKE PLEASANT RD</b>	
CITY-ST-ZIP	<b>APOKA FL</b>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>501 Blue Lake Dr.</b>	
STREET ADDRESS	<b>Longwood FL 32779</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>501 Blue Lake Dr.</b>	
STREET ADDRESS	<b>Longwood FL 32779</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3450 Kaiwai Dr.</b>	
STREET ADDRESS	<b>Mr. Dora, FL 32757</b>	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert B. Reiche**

Date

**1/19/2001**

Daytime Phone #

**407 294 6734**

CR2E034 (10/00)