

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90042 002 ****70.00

DOCUMENT # 710595

1. Entity Name

THE PAUL E. AND KLARE N. REINHOLD FOUNDATION, INC.

Principal Place of Business

Mailing Address

**320 CORPORATE WAY
 200
 ORANGE PARK FL 32073
 US**

**320 CORPORATE WAY
 200
 ORANGE PARK FL 32073
 US**

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

59-6140495

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

**LEAH B GIEBEIG
 320 CORPORATE WAY
 STE. 200
 ORANGE PARK FL 32073**

Name

Leah Burnette

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

320 Corporate way

Suite 200

City

Orange Park

FL

Zip Code

32073

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

Leah Burnette

1-10-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **CAMP, THOMAS E III**
 STREET ADDRESS **320 CORPORATE WAY, STE. 200**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **MYERS, JUNE REINHOLD**
 STREET ADDRESS **320 CORPORATE WAY, STE. 200**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **GIEBEIG, LEAH B.**
 STREET ADDRESS **320 CORPORATE WAY, STE. 200**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☒ Change ☐ Addition
 NAME **ST Burnette, Leah**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TOWE, NEELY**
 STREET ADDRESS **320 CORPORATE WAY, STE. 200**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Leah Burnette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02

904-269-5857

CR2E037 (9/01)