

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90200 003 ****70.00

DOCUMENT # 710595

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**1845 Town Center Blvd
Suite 105**

3. Mailing Address

**1845 Town Center Blvd
Suite 105**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park FL

City & State

Orange Park FL

Zip

32003

Country

USA

Zip

32003

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

Leah Burnette

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

1845 Town Center Blvd

Suite 105

City

Orange Park

FL

Zip Code

32003

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

Leah Burnette

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW: FEE IS \$61.25

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **~~Myers, June~~**
STREET ADDRESS **1845 Town Center Blvd Suite 105**
CITY-ST-ZIP **Orange Park, FL 32003**

TITLE ☒ Change ☐ Addition
NAME **1845 Town Center Blvd Suite 105**
STREET ADDRESS **Orange Park FL 32003**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1845 Town Center Blvd Suite 105**
STREET ADDRESS **Orange Park, FL 32003**
CITY-ST-ZIP

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

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

CR2E037 (10/02)

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

1-803 904-269-5857