

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000906

1. Entity Name

CONVEYOR EQUIPMENT MANUFACTURES ASSOCIATION INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90053 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6724 LONE OAK BLVD.  
NAPLES FL 34109

6724 LONE OAK BLVD.  
NAPLES FL 34109-6834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

53-0175308

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REINFRIED, ROBERT A  
4885 SHEARWATER LANE  
NAPLES FL 34119

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.

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**

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 **P** ☒ Delete  
NAME **HINTERLONG, B J**  
STREET ADDRESS **651 N. BURLESON BLVD.**  
CITY-ST-ZIP **BURLESON TX 76028**

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

TITLE **V** ☐ Delete  
NAME **KREMPA, JAMES F**  
STREET ADDRESS **51200 W. PONTIAC TRAIL**  
CITY-ST-ZIP **WIXON MI 48393**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **GOUDNER, GREGG E**  
STREET ADDRESS **2020 HYTROL DR.**  
CITY-ST-ZIP **JONESBORO AR 72401**

TITLE **V** ☒ Change ☐ Addition  
NAME **GOODNER**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **REINFRIED, ROBERT A**  
STREET ADDRESS **6724 LONE OAK BLVD.**  
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE **T** ☐ Delete  
NAME **SYTSMA, FRED**  
STREET ADDRESS **2020 BRISTOL RD NW**  
CITY-ST-ZIP **GRAND RAPIDS MI 45504**

TITLE **S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Schomberg, Lee F.**  
CITY-ST-ZIP **6870 Grand Haven Road**  
**Spring Lake, MI 49456**

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:

*Robert A. Reinfried*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
REINFRIED  
ROBERT A.

Date

Daytime Phone #

1/14/00

941.514.3442

CR2FN37 (9/99)