

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90058 038 ****61.25

DOCUMENT # F98000000906

1. Entity Name

CONVEYOR EQUIPMENT MANUFACTURES ASSOCIATION INC.

Principal Place of Business

6724 LONE OAK BLVD.
NAPLES FL 34109

Mailing Address

6724 LONE OAK BLVD.
NAPLES FL 34109

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

53-0175308

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

REINFRIED, ROBERT A

~~1005 SHEARWATER LANE~~
NAPLES FL 34119

Name

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

4303 Inca Dove Court

City

Naples

FL

Zip Code

34119

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. PREVIOUS OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P HINTERLONG, B J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	651 N. BURLESON BLVD.	
CITY-ST-ZIP	BURLESON TX 76028	
TITLE NAME	P KREMPA, JAMES F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	51200 W. PONTIAC TRAIL	
CITY-ST-ZIP	WIXON MI 48393	
TITLE NAME	V GOODNER, GREGG E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2020 HYTROL DR.	
CITY-ST-ZIP	JONESBORO AR 72401	
TITLE NAME	V REINFRIED, ROBERT A	<input type="checkbox"/> Delete
STREET ADDRESS	6724 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE NAME	S SYTSMA, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	2020 BRISTOL RD NW	
CITY-ST-ZIP	GRAND RAPIDS MI 45504	
TITLE NAME	T SCHOMBERG, LEE F	<input type="checkbox"/> Delete
STREET ADDRESS	6870 GRAND HAVEN ROAD	
CITY-ST-ZIP	SPRING LAKE MI 45456	

TITLE NAME	S Casey William J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	825 Blackhawk Drive	
CITY-ST-ZIP	Westmont FL 60559	
TITLE NAME	T Lamb James F.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1009 1st Street	
CITY-ST-ZIP	Fulton, IL 61252	
TITLE NAME	D Bergeson, MARK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10303 N. Bachr Road	
CITY-ST-ZIP	Meghan, WI 53092	
TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

1/8/02

941.514.3441

Date

Daytime Phone #

CR2E037 (9/01)