

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90048 004 ***150.00

DOCUMENT # G36830

1. Entity Name
REUNIONS, INC.



Principal Place of Business
**2098 SPRINT BLVD
APOPKA FL 32703
US**

Mailing Address
**2098 SPRINT BLVD
APOPKA FL 32703
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 **59-2280225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEITLER, ROBERT, H
212 GREEN LAKE CIR
LONGWOOD FL 32779**

Name **ROBERT H. HEITLER**

Street Address (P.O. Box Number is Not Acceptable)
921 SWEETWATER CLUB BLVD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT H. HEITLER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HEITLER, ROBERT, H**
STREET ADDRESS **921 SWEETWATER CLUB BLVD**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **SECT** ☐ Delete
NAME **HEITLER, JANE, A**
STREET ADDRESS **921 SWEETWATER CLUB BLVD**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **VP** ☐ Delete
NAME **JANOWITZ, LISA**
STREET ADDRESS **212 GREEN LAKE CIR**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition
NAME **Lisa Janowitz**
STREET ADDRESS **1753 Redwood Grove Terr.**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **VP** ☐ Delete
NAME **HEITLER, DONALD**
STREET ADDRESS **1237 SABLEWOOD DR**
CITY-ST-ZIP **APOPKA 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 607, 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

407-884-6700

Date

Daytime Phone #

CR2E034 (10/02)