

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004823

1. Entity Name

R.E.A.P. ALLIANCE, INC.

Principal Place of Business

5151 SUNBEAM ROAD, UNIT 19
JACKSONVILLE FL 32257

Mailing Address

5151 SUNBEAM ROAD, UNIT 19
JACKSONVILLE FL 32257

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3731845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAND, BRIAN
5151 SUNBEAM ROAD, UNIT 19
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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 state 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RAND, BRIAN H	
STREET ADDRESS	5151 SUNBEAM ROAD, UNIT 19	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, JAMES F	
STREET ADDRESS	5151 SUNBEAM ROAD, UNIT 19	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, LESLYE A	
STREET ADDRESS	5151 SUNBEAM ROAD, UNIT 19	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

904 636 0025

Daytime Phone #

FILED
Jul 31, 2001 8:00 am
Secretary of State

06-20-2001 90006 006 ****61.25

www 1-866-9



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment 10669
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

HN0060080 4823
DATE OF THIS NOTICE: 07-25-2001
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 59-3731845
FORM: SS-4
0716802735 0

R E A P ALLIANCE INC
% BRIAN H RAND
5151 SUNBEAM RD UNIT 19
JACKSONVILLE FL 32257

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3731845. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP-575 E (Rev. 1-20

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0716802735

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 07-25-2001
EMPLOYER IDENTIFICATION NUMBER: 59-3731845
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

R E A P ALLIANCE INC
% BRIAN H RAND
5151 SUNBEAM RD UNIT 19
JACKSONVILLE FL 32257

R.E.A.P

Attachment 10669
The R.E.A.P Alliance, Inc.
Restoration, Education And Preservation

July 27, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Reference Number: N00000004823

Enclosed please find your letter dated June 21, 2001. We are just today in receipt of our IRS assigned FEI number (see enclosed IRS Notice dated July 25, 2001) and we have noted that number on the enclosed copy of our 2001 Uniform Business Report.

Should any other information be necessary, please do not hesitate to contact us.

Sincerely,



Leslye A. Phillips