

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

FILED

02 OCT 10 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002478

1. Entity Name

The Lisa Eichenholtz Memorial Fund, Inc.

REINSTATEMENT 2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
811 Golf Island Drive

Suite, Apt. #, etc.

3. Mailing Address
811 Golf Island Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Apollo Beach, FL

City & State
Apollo Beach, Florida

4. FEI Number 04-3677524

Applied For
Not Applicable

Zip
33572

Country
USA

Zip
33572

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Marc E. Eichenholtz

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

811 Golf Island Drive

City Apollo Beach

FL Zip Code
33572

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

Marc E. Eichenholtz Marc E. Eichenholtz

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

(NOTE: Registered Agent signature required when reinstating)

10-9-02

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	Mr. Luis Salaman - (D) 811 Golf Island Drive Apollo Beach, FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ms. JoAnne Tireman -(D) 811 Golf Island Drive Apollo Beach, FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100008313791--8 -10/10/02--01066--004 ****280.00 ****236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Marc E. Eichenholtz - (M,C) 811 Golf Island Drive Apollo Beach, FL 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marc E. Eichenholtz Marc E. Eichenholtz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-02

Date

Daytime Phone #

813-833-1625

CR2E037B (12/01)