

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91319 038 \*\*\*\*61.25

**DOCUMENT # N97000002302**

1. Entity Name

**THE EGGER PRIVATE FOUNDATION, INC.**

Principal Place of Business

**1330 MYERLEE COUNTRY CLUB BLVD.  
FT. MYERS FL 33919**

Mailing Address

**1330 MYERLEE COUNTRY CLUB BLVD.  
FT. MYERS FL 33919****C0028113**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0746709**

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

**EGGER, JEWELL  
1330 MYERLEE COUNTRY CLUB BLVD.  
FT. MYERS FL 33919**

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 **DP** ☐ Delete  
NAME **EGGER, JEWELL**  
STREET ADDRESS **1330 MYERLEE COUNTRY CLUB BLVD.**  
CITY-ST-ZIP **FT. MYERS FL 33919**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DV** ☐ Delete  
NAME **EGGER, KENNETH L JR**  
STREET ADDRESS **611 S MISSION**  
CITY-ST-ZIP **MT PLEASANT MI 48858**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DV** ☐ Delete  
NAME **EGGER, KIMBERLY IRENE**  
STREET ADDRESS **2111 MONTEREY PARKWAY**  
CITY-ST-ZIP **DUNWOODY GA 30350**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DST** ☐ Delete  
NAME **EGGER, KENNETH L**  
STREET ADDRESS **14243 BALMORAL RD.**  
CITY-ST-ZIP **RIVERVIEW MI 48192**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 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

Date

Daytime Phone #

CH2E037 (10/00)