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

FILED
Jun 20, 2002 8:00 am
Secretary of State
06-20-2002 90059 021 ****61.25

870279

DOCUMENT # N97000002302

1. Entity Name
THE EGGER PRIVATE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
14243 BALMORAL ROAD	14243 BALMORAL ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVERVIEW, MI.	City & State: RIVERVIEW, MI.
Zip: 48192 Country: USA	Zip: 48192 Country: USA

4. FEI Number: 65-0746709 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: EGGER, JEWELL

Street Address (P.O. Box Number is Not Acceptable): 1330 MYERLEE COUNTRY CLUB BLVD.

City: FT. MYERS FL Zip Code: 33919

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 _____ DATE

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	TITLE	
NAME	EGGER, JEWELL	NAME	
STREET ADDRESS	1330 MYERLEE COUNTRY CLUB BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL. 33919	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	EGGER, KENNETH L., JR.	NAME	
STREET ADDRESS	611 S. MISSION	STREET ADDRESS	
CITY-ST-ZIP	MT. PLEASANT, MI. 48858	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	EGGER, KIMBERLY IRENE	NAME	
STREET ADDRESS	2111 MONTEREY PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY, GA 30350	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	EGGER, KENNETH L.	NAME	
STREET ADDRESS	14243 BALMORAL RD.	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, MI. 48192	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Secretary/Treasurer 5/28/02 (734) 464-1027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #