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, JENGLL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
DP	EGGER, JEWELL	1330 MYERLEE COUNTRY CLUB BLVD.	FT. MYERS, FL. 33919
DV	EGGER, KENNETH L., JR.	611 S. MISSION	MT. PLEASANT, MI. 48858
DV	EGGER, KIMBERLY IRENE	2111 MONTEREY PARKWAY	DUNWOODY, GA 30350
DST	EGGER, KENNETH L.	14243 BALMORAL RD.	RIVERVIEW, MI. 48192

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CR2E037B (12/01)

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 5/20/02 (734) 479-1027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #