

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90137 043 \*\*\*150.00

**DOCUMENT # P31195**

1. Entity Name  
**THE RONJON CO., INC.**

Principal Place of Business P.O. BOX 1650 SANTA ROSA BEACH FL 32459	Mailing Address P.O. BOX 1650 SANTA ROSA BEACH FL 32459-1650
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **73-0940073**      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

**REINHART, JOHN R.**  
**210 HIGHWAYS AVE**  
**SANTA ROSA BEACH FL 32459**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	REINHART, JOHN R	210 HIGHWAYS AVE.	SANTA ROSA BEACH FL 32459	<input type="checkbox"/>	<input type="checkbox"/>
STD	LAURA WIRKUS	1184 PINE HURST	SANTA ROSA BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
V	JOHN R. REINHART, JR.	399 ALLEN LOOP DRIVE	SANTA ROSA BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
S,T	THORNTON, NELL	2506 BAYGROVE RD	FREESPORT FL 32439	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Reinhart*      Date: *2/16/2000*      Daytime Phone #: *850-267-4604*

CR2E034 (9/99)