

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90031 021 \*\*\*150.00

**DOCUMENT # P97000018356**

1. Entity Name  
**REICHARD & REICHARD, INC.**

Principal Place of Business  
**422 CAPE CORAL PKWY. WEST**  
**CAPE CORAL FL 33914**

Mailing Address  
**422 CAPE CORAL PKWY. WEST**  
**CAPE CORAL FL 33914**

**00019330**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5004 PELICAN BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**5004 PELICAN BLVD**  
Suite, Apt. #, etc.

City & State  
**CAPE CORAL, FL**  
Zip  
**33914** Country  
**LEE**

City & State  
**CAPE CORAL, FL**  
Zip  
**33914** Country  
**LEE**

4. FEI Number **65-0733084** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REICHARD, JACK A**  
**422 CAPE CORAL PKWY. WEST**  
**CAPE CORAL FL 33914**

**7. Name and Address of New Registered Agent**

Name  
**REICHARD, JACK A**  
Street Address (P.O. Box Number is Not Acceptable)  
**5004 PELICAN BLVD**  
City  
**CAPE CORAL** FL Zip Code  
**33914**

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 \_\_\_\_\_

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, 2001 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**

TITLE  
**PD**  
NAME  
**REICHARD, JACK A** ☐ Delete  
STREET ADDRESS  
**422 CSAPE CORAL PKWY WEST**  
CITY-ST-ZIP  
**CAPE CORAL FL 33914**

TITLE  
**DST**  
NAME  
**REICHARD, GLORIA H** ☐ Delete  
STREET ADDRESS  
**422 CSAPE CORAL PKWY WEST**  
CITY-ST-ZIP  
**CAPE CORAL FL 33914**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PD**  
NAME  
**REICHARD, JACK A** ☐ Change ☐ Addition  
STREET ADDRESS  
**5004 PELICAN BLVD**  
CITY-ST-ZIP  
**CAPE CORAL, FL 33914**

TITLE  
**DST**  
NAME  
**REICHARD, GLORIA H** ☐ Change ☐ Addition  
STREET ADDRESS  
**5004 PELICAN BLVD**  
CITY-ST-ZIP  
**CAPE CORAL, FL 33914**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: *Jack A. Reichard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01  
Date

941-542-1021  
Daytime Phone #

CR2E034 (10/00)