

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90075 015 ***150.00

DOCUMENT #0P99000025199

1. Entity Name
REUNION ASSOCIATES, INC., F/K/A JESUIT CLASS OF '79
REUNION, INC.

Principal Place of Business Mailing Address
400 North Tampa Street, Suite 2630, Tampa, Florida 33602 **400 North Tampa Street, Suite 2630, Tampa, Florida 33602**

2. Principal Place of Business 3. Mailing Address
4215 Carrollwood Village Drive **4215 Carrollwood Village Drive**

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

City & State City & State
Tampa, Florida **Tampa, Florida**

Zip Country Zip Country
33624 **U.S.** **33624** **U.S.**

4. FEI Number Applied For
59-3580636 ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
John J. Agliano
400 North Tampa Street
Suite 2630
Tampa, Florida 33602

7. Name and Address of New Registered Agent
 Name
John J. Agliano
 Street Address (P.O. Box Number is Not Acceptable)
4215 Carrollwood Village Drive
 City FL Zip Code
Tampa **33624**

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 *John J. Agliano, President* 4/27/00
 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, 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 PST	<input type="checkbox"/> Delete	TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME John J. Agliano		NAME John J. Agliano	
STREET ADDRESS 400 North Tampa Street, Suite 2630		STREET ADDRESS 4215 Carrollwood Village Drive	
CITY-ST-ZIP Tampa, Florida 33602		CITY-ST-ZIP Tampa, Florida 33624	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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; 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 J. Agliano, President* 4/27/00 813-229-3321
 Signature and typed or printed name of signing officer or director Date Daytime Phone #