

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69471

1. Entity Name

REICHE AND SILLIMAN, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90075 011 ***150.00

Principal Place of Business

4808 KENSINGTON PARK BLVD
ORLANDO FL 32835
US

Mailing Address

4808 KENSINGTON PARK BLVD
ORLANDO FL 32819-3133
US

2. Principal Place of Business

4814 Kensington Park Blvd
Suite, Apt. #, etc.

3. Mailing Address

4814 Kensington Park Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

Zip Country
32819 US

City & State
Orlando, FL

Zip Country
32819 US

4. FEI Number 59-3081828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REICHE, ROBERT B
4808 KENSINGTON PARK BLVD.
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4814 Kensington Park Blvd.
City Orlando FL Zip Code 32819

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 ROBERT B. REICHE VP 3/24/2000
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS REICHE, ROBERT B. 3949 WINDING LAKE CIRCLE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SILLIMAN, WILLIAM M 1315 EDGEWATER DR. ORLANDO FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4814 Kensington Park Blvd Orlando, FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4800 Kensington Park Blvd. Orlando FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and all other like empowered.

SIGNATURE ROBERT B. REICHE 3/24/2000 407 246734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)