

2001 UNIFORM BUSINESS REPORT (UBR)

0566402

DOCUMENT # F98000000995

1. Entity Name
BRISBEN DEVELOPMENT, INC.

FILED

01 APR 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD
CINCINNATI OH 45249 CINCINNATI OH 45249



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 **31-1184543** 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

ATKINSON, WILSON
1946 TYLER STREET
HOLLYWOOD FL 33020

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

City **Plantation FL** Zip Code **33324**

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 *Carol Record* **Carol Record** Assistant Secretary DATE **4-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when terminating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSCD BRISBEN, WILLIAM O 7800 E KEMPER RD CINCINNATI OH 45249 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004136851-4 <input type="checkbox"/> Change <input type="checkbox"/> Addition -05/04/01--01078--025 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SCHULER, ROBERT E 7800 EAST KEMPER ROAD CINCINNATI OH 45249 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBINI, JOHN L 7800 E KEMPER RD CINCINNATI OH 45249 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAXTON, DON W 7800 E KEMPER RD CINCINNATI OH 45249 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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, with all other like empowered.

SIGNATURE: *Robert E. Schuler* **Robert E. Schuler**, Vice Chairman DATE **4/24/01** (513) 489-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E0944(9/00)