

2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90142 001 \*\*\*150.00

**DOCUMENT # K70078**  
 1. Entity Name

**FLORDIA GIORDANO ENTERPRISES, INC**

Principal Place of Business      Mailing Address

**8550 AETNA ROAD      8550 AETNA ROAD**  
**CLEVELAND, OH 44105      CLEVELAND, OH 44105-1607**

2. Principal Place of Business      3. Mailing Address

**1860 SURREY PLACE      1860 SURREY PLACE**

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

City & State      City & State

**GATES MILLS, OH      GATES MILLS, OH**

Zip      Country      Zip      Country

**44040           44040**

4. FEI Number      Applied For

**34-1614648      Not Applicable**

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GIORDANO, ANTHONY J. JR.</b>	
STREET ADDRESS	<b>1860 SURREY PLACE</b>	
CITY - ST - ZIP	<b>GATES MILLS, OH 44040</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GIORDANO, ANTHONY J. SR.</b>	
STREET ADDRESS	<b>1959 SOM CENTER ROAD</b>	
CITY - ST - ZIP	<b>GATES MILLS, OH 44040</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GIORDANO, DAVID</b>	
STREET ADDRESS	<b>199 WILLOW LANE</b>	
CITY - ST - ZIP	<b>CHAGRIN FALLS, OH 44022</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: \_\_\_\_\_      Date: **4/29/00**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(14212)

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)