

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90037 011 \*\*\*150.00

**DOCUMENT # P40805**

1. Entity Name  
**PIZZUTI REALTY OF FLORIDA, INC.**

Principal Place of Business <b>250 E. BROAD STREET          SUITE 1900          COLUMBUS OH 43215</b>	Mailing Address <b>250 E. BROAD STREET          SUITE 1900          COLUMBUS OH 43215</b>
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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  
**31-1360044**

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

**SIMBACK, KENNETH P  
 255 SOUTH ORANGE AVE.  
 STE. 1350  
 ORLANDO FL 32801**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**300 International Pkwy Ste 300**  
 City **Heathrow** **FL** Zip Code **32746**

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

**Ken Simback**

**2/20/02**

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, 2002 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 P <b>SIMBACK, KENNETH P.</b> STREET ADDRESS <b>255 S. ORANGE AVENUE, SUITE 1350</b> CITY-ST-ZIP <b>ORLANDO FL 32801</b>	<input type="checkbox"/> Delete
TITLE NAME VS <b>DALEY, RICHARD C</b> STREET ADDRESS <b>250 EAST BROAD ST., SUITE 1900</b> CITY-ST-ZIP <b>COLUMBUS OH</b>	<input type="checkbox"/> Delete
TITLE NAME T <b>CRAMER, JAMES P</b> STREET ADDRESS <b>250 E. BROAD ST., SUITE 1900</b> CITY-ST-ZIP <b>COLUMBUS OH</b>	<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 P <b>PIZZUTI, RONALD A</b> STREET ADDRESS <b>250 E. Broad St., Ste 1700</b> CITY-ST-ZIP <b>Columbus OH 43215</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Treasurer**

**2/20/02**

Date

**614.280.4000**

Daytime Phone #

CR2E034 (9/01)