

# 2001 UNIFORM BUSINESS REPORT (UBR)

0668-003

**DOCUMENT # P94000038259**

1. Entity Name

**CORNERSTONE PARTNERS XXVIII, INC.**

**FILED**

**01 APR 30 PM 12:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**7800 E. KEMPER RD.  
CINCINNATI OH 45249**

**7800 E. KEMPER RD.  
CINCINNATI OH 45249**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3314258**

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, DINER, STONE, BLACK & MANKUTA  
1946 TYLER ST.  
HOLLYWOOD FL 33022**

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**

**4-27-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be a resident of Florida.)

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, 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 **ST**  Delete  
NAME **BRISBEN, W.O.**  
STREET ADDRESS **7800 E. KEMPER RD.**  
CITY-ST-ZIP **CINCINNATI OH 45249**

Change  Addition  
**500004136835--3  
-05/04/01--01078--012  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE **VP**  Delete  
NAME **SCHULER, ROBERT E**  
STREET ADDRESS **7800 E KEMPER RD**  
CITY-ST-ZIP **CINCINNATI OH**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  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: *Robert E. Schuler* **Robert E. Schuler, VP** 4/24/01 (513) 469-5113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

**78**