


**2001 UNIFORM BUSINESS REPORT (UBR)**

0666408

**DOCUMENT # P97000021616**  
 1. Entity Name  
**W. O. BRISBEN COMPANIES WEST, INC.**

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

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**FILED**  
**01 APR 30 PM 12: 20**  
**SECRETARY OF STATE**  
  
 DO NOT WRITE IN THIS SPACE  
 4. FEI Number **65-0735145** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ATKINSON, WILSON III,ESQ**  
**1946 TYLER STREET**  
**%ATKINSON, DINER, STONE ET AL**  
**HOLLYWOOD FL 33022-2088**

7. Name and Address of New Registered Agent  
 Name **GT Corporation System**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1000 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**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>BRISBEN, WILLIAM O</b> <b>7800 E. KEMPER RD</b> <b>CINCINNATI OH 45249</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>SCHULER, ROBERT E</b> <b>7800 E KEMPER RD</b> <b>CINCINNATI OH 45249</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 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	<b>700004136827</b> <b>-05/04/01--01078--007</b> <b>****150.00 ****150.00</b>	<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, with all other like empowered.  
 SIGNATURE: *Robert E. Schuler* **Robert E. Schuler, VP** DATE **4/24/01** DAYTIME PHONE # **(513) 469-5113**

CR2E034 (10/00)