

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90285 036 \*\*\*150.00

**DOCUMENT #** *Page* 19900104823  
 1. Entity Name  
 W.O. BRISBEN COMPANIES NORTH, INC.

Principal Place of Business Mailing Address  
 2321 N.W. 33RD STREET #212 2321 N.W. 33RD STREET #212  
 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309

2. Principal Place of Business 3. Mailing Address  
 7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD

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

City & State City & State  
 CINCINNATI, OH CINCINNATI, OH

Zip Country Zip Country  
 45249 45249

4. FEI Number Applied For  
 65-0800237 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ATKINSON, WILSON C III  
 C/O ATKINSON, DINER, STONE, ET. AL.  
 1946 TYLER STREET  
 HOLLYWOOD, FL 33020

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP BRISBEN, WILLIAM O <input type="checkbox"/> Delete 2321 N.W. 33RD STREET #212 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SCHULER, ROBERT E <input type="checkbox"/> Delete 7800 EAST KEMPER ROAD CINCINNATI, OH 45249
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	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRISBEN, WILLIAM O 7800 EAST KEMPER ROAD CINCINNATI, OH 45249
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT <input checked="" 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)(l), 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 4/25/00 (513) 489-1990  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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DO NOT WRITE IN THIS SPACE