

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90133 014 ***150.00

DOCUMENT # P16849

1. Entity Name

BROTHERS PROPERTY CORPORATION

Principal Place of Business

Mailing Address

C/O THOMAS E. MISCHELL
 2699 S BAYSHORE DR. STE 800
 MIAMI FL 33133
 US

%MISCHELL, THOMAS. E
 ONE E FOURTH ST 8TH FLOOR
 CINCINNATI OH 45202-3717
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 Alhambra Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite 1280

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

4. FEI Number

59-2840291

Applied For

Not Applicable

Zip
33134

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

**LUBAN, KENNETH A.
 31 OCEAN REEF DRIVE, SUITE C-300
 KEY LARGO FL 33037**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, VICTOR L. 2699 S BAYSHORE DR 800E MIAMI FL 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUBAN, KENNETH A. 31 OCEAN REEF DR C-300 KEY LARGO FL 33037	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTZ, ROBERT C. ONE E. FOURTH ST., 2ND FLOOR CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MISCHELL, THOMAS E 1 E 4TH ST., 8TH FLOOR CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONDERHAAR, DANIEL J ONE E FOURTH ST., 2ND FLOOR CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS FULLER, STEPHEN M. 2699 S BAYSHORE DR 800E MIAMI FL 3313	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2 Alhambra Plaza, Suite 1280 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

Thomas E. Mischell

Thomas E. Mischell, Vice President

4/20/2000

513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)