

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90047 015 ***158.75

0606 30 AT

DOCUMENT # K93684

1. Entity Name
HYATT LEGAL PLANS OF FLORIDA, INC.

Principal Place of Business

**1111 SUPERIOR AVE
 CLEVELAND OH 44114-2507**

Mailing Address

**1111 SUPERIOR AVE
 CLEVELAND OH 44114-2507**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1631590

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZEIGLER, PAUL A
 106 E. COLLEGE AVE.
 12TH FLOOR
 TALLAHASSEE FL 32301**

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

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BROOKS, WILLIAM H.**
 CITY-ST-ZIP **1111 Superior Ave**
1215 SUPERIOR AVENUE
CLEVELAND OH 44114-2507

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **PENZNER, MICHAEL C**
 CITY-ST-ZIP **1111 Superior Ave**
1215 SUPERIOR AVENUE
CLEVELAND OH 44114-3292

TITLE ☒ Delete
 NAME **C**
 STREET ADDRESS **SOLLMAN, ROBERT E JR**
 CITY-ST-ZIP **1 MADISON AVE**
NEW YORK NY 10010

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MULLANEY, WILLIAM**
 CITY-ST-ZIP **1 MADISON AVE**
NEW YORK NY 10010

TITLE ☐ Delete
 NAME **GC**
 STREET ADDRESS **ANDREW, KOHN**
 CITY-ST-ZIP **1111 Superior Ave**
1215 SUPERIOR AVE.
CLEVELAND OH 44114-3292

TITLE ☐ Delete
 NAME **VPS**
 STREET ADDRESS **ALBERTALI, ROY C**
 CITY-ST-ZIP **1 MADISON AVE.**
NEW YORK NY 10010

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **Chairman**
 STREET ADDRESS **Nicholas D. Latrenta**
 CITY-ST-ZIP **1 Madison Avenue**
New York, NY 10010

TITLE ☐ Change ☒ Addition
 NAME **Assistant Vice President**
 STREET ADDRESS **Gregory M. Harrison**
 CITY-ST-ZIP **1 Madison Avenue**
New York, NY 10010

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDREW KOHN
GENERAL COUNSEL

3/15/2002
216-684-4337

CR2E034 (9/01)