

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 90704 002 \*\*\*150.00

**DOCUMENT # P16849**  
 1. Entity Name  
**BROTHERS PROPERTY CORPORATION**

Principal Place of Business  
**C/O THOMAS E. MISCHELL**  
**2 ALHAMBRA PLAZA SUITE 1280**  
**MIAMI FL 33134**  
**US**

Mailing Address  
**%MISCHELL, THOMAS. E**  
**ONE E FOURTH ST 8TH FLOOR**  
**CINCINNATI OH 45202**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2840291</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LUBAN, KENNETH A.</b> <b>31 OCEAN REEF DRIVE, SUITE C-300</b> <b>KEY LARGO FL 33037</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FULLER, VICTOR L.</b> <b>2 ALHAMBRA PLAZA SUITE 1280</b> <b>MIAMI FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fred Runk</b> <b>One East Fourth Street</b> <b>Cincinnati, OH 45202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUBAN, KENNETH A.</b> <b>31 OCEAN REEF DR C-300</b> <b>KEY LARGO FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Marc L. Faust</b> <b>2 Alhambra Plaza, Ste. 1280</b> <b>Miami, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINTZ, ROBERT C.</b> <b>ONE E. FOURTH ST., 2ND FLOOR</b> <b>CINCINNATI OH 45202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ronald C. Hayes</b> <b>580 Walnut Street</b> <b>Cincinnati, OH 45202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MISCHELL, THOMAS E</b> <b>1 E 4TH ST., 8TH FLOOR</b> <b>CINCINNATI OH 45202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James C. Kennedy</b> <b>One East Fourth Street</b> <b>Cincinnati, OH 45202</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VONDERHAAR, DANIEL J</b> <b>ONE E FOURTH ST., 2ND FLOOR</b> <b>CINCINNATI OH 45202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDAS</b> <b>FULLER, STEPHEN M.</b> <b>2 ALHAMBRA PLAZA SUITE 1280</b> <b>MIAMI FL 33134</b> <input type="checkbox"/> Delete	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:** **Thomas E. Mischell**  
**Vice President** 4/21/02 513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)