

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 043 ***150.00

DOCUMENT # 696640

1. Entity Name

KEY LARGO GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O THOMAS E. MISCHELL

Suite, Apt. #, etc.

ONE EAST FOURTH ST., 8TH FLOOR

City & State

CINCINNATI OH

Zip

45202

Country

USA

3. Mailing Address

ONE EAST FOURTH STREET

Suite, Apt. #, etc.

SUITE 800

City & State

CINCINNATI, OH

Zip

45202

Country

USA

4. FEI Number

59-1263251

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth A. Luban, Esquire

Street Address (P.O. Box Number is Not Acceptable)

31 Ocean Reef Drive, Suite C-300

City

Key Largo

FL

Zip Code
33037

DO NOT WRITE
IN THIS SPACE

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 JAMES E. EVANS ONE EAST FOURTH STREET CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAREN HOLLEY HORRELL 580 WALNUT STREET CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT FRED RUNK ONE EAST FOURTH STREET CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS KARL J. GRAFE ONE EAST FOURTH STREET CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS JAMES C. KENNEDY ONE EAST FOURTH STREET CINCINNATI, OH 45202	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMAS E. MISCHELL ONE EAST FOURTH STREET CINCINNATI, OH 45202	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas E. Mischell

THOMAS E. MISCHELL, VICE PRESIDENT

4/25/02

513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #