## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 696640** 1. Entity Name KEY LARGO GROUP, INC. Principal Place of Business Mailing Address ONE EAST FOURTH ST ONE EAST FOURTH STREET CINCINNATI OH 45202 S800 CINCINNATI OH 45202 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent LUBAN, KENNETH A., ESQUIRE 31 OCEAN REEF DRIVE SUITE C-300 KEY LARGO FL 33037 City

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

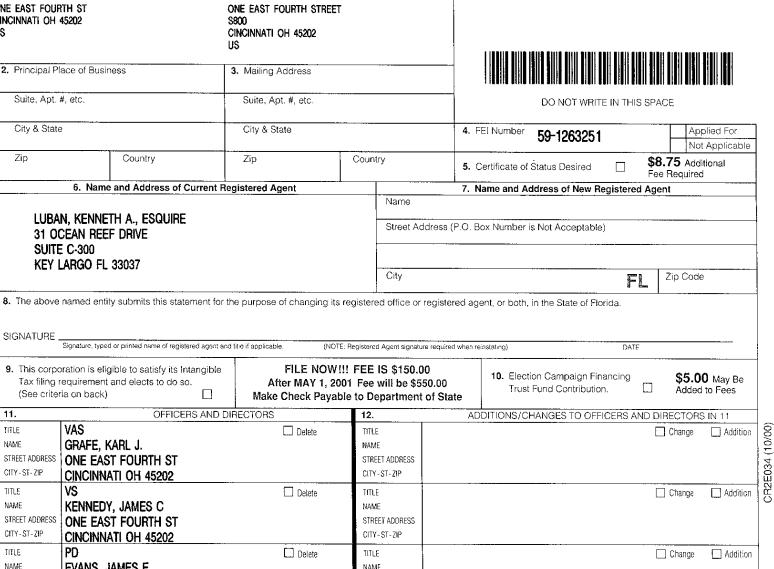
Tax filing requirement and elects to do so.

(See criteria on back)

MAG

## FILED May 11, 2001 8:00 am Secretary of State

05-11-2001 90009 018 \*\*\*150.00



NAME STREET ADDRESS	GRAFE, KARL J. ONE EAST FOURTH ST	L.J Delete	NAME STREET ADDRESS	□ Change	Addition
CITY-\$T-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KENNEDY, JAMES C ONE EAST FOURTH ST CINCINNATI OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JAMES E 1 E. 4 ST CINCINNATI OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MISCHELL, THOMAS E 1 E 4TH ST CINCINNATI OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RUNK, FRED J 1 E 4TH ST CINCINNATI OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORRELL, KAREN H 580 WALNUT ST CINCINNATI OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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

11.

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell Vice President

513 579-2171

Daytime Phone #