

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768893

1. Entity Name

AIRPORT WOODS COMMERCE CENTER PROPERTY OWNERS AS

Principal Place of Business

C/O GEIS CONSTRUCTION  
10020 AURORA-HUDSON RD.  
STREETSBORO OH 44241  
US

Mailing Address

C/O GEIS CONSTRUCTION  
10020 AURORA- HUDSON RD.  
STREETSBORO OH 44241  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0133226

Applied For

Not Applicable

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

GEIS, KATHERINE  
C/O KINGS PORT CLUB  
2150 GULFSHORE BOULEVARD, #207  
NAPLES FL 33740

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEIS, E. ERWIN	
STREET ADDRESS	10020 AURORA-HUDSON RD.	
CITY-ST-ZIP	STREETSBORO OH	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEST, MR. WILLIAM N.	
STREET ADDRESS	% 1100 SUPERIOR AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GEIS, KATHERINE	
STREET ADDRESS	10020 AURORA-HUDSON RD.	
CITY-ST-ZIP	STREETSBORO OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-2000

Date

330-528-3500

Daytime Phone #

CF2E037 (5/00)



DO NOT WRITE IN THIS SPACE

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90026 021 \*\*\*\*61.25