

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768893

1. Entity Name

AIRPORT WOODS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90038 040 ****61.25

Principal Place of Business

Mailing Address

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

C/O GEIS CONSTRUCTION
10020 AURORA- HUDSON RD.
STREETSBO RO 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 GULF SHORE 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

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
NAME GEIS, E. ERWIN
STREET ADDRESS 10020 AURORA-HUDSON RD.
CITY-ST-ZIP STREETSBO RO OH ☐ Delete

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

TITLE SD
NAME WEST, MR. WILLIAM N.
STREET ADDRESS % 1100 SUPERIOR AVENUE
CITY-ST-ZIP CLEVELAND OH ☐ Delete

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

TITLE TD
NAME GEIS, KATHERINE
STREET ADDRESS 10020 AURORA-HUDSON RD.
CITY-ST-ZIP STREETSBO RO OH ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 637, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)