

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91048 024 ****61.25

DOCUMENT # 768893

1. Entity Name

AIRPORT WOODS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 declare under penalty of perjury 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. I am not a director, officer, or member 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, as applicable, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Geis* **REQUIRED**

3-26-03

VERES & COMPANY

Certified Public Accountants
FREEDOM SQUARE OFFICE PAR.
4401 ROCKSIDE RD. SUITE 40
INDEPENDENCE, OHIO 44131
34-1296942

CR2E037 (10/02)