

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90122 025 ***550.00

DOCUMENT # 818092

1. Entity Name
THE FRANK GATES SERVICE COMPANY

Principal Place of Business
7380 SAND LAKE ROAD
SUITE 535
ORLANDO FL 32819

Mailing Address
P.O. BOX 16580
COLUMBUS OH 43216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 182364

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Columbus OH

4. FEI Number 31-4359765

Applied For

Not Applicable

Zip

Country

Zip

Country

43218-2364

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

RINGERS, ANDREW L
DEAN RINGERS MORGAN & LAWTON
200 E ROBINSON ST, SUITE 1020
ORLANDO FL 32801

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCOTT, JENNY J**
STREET ADDRESS **240 FOXWOOD ROAD**
CITY-ST-ZIP **STAMFORD CT 06903**

TITLE **Director Emeritus** ☒ Change ☐ Addition
NAME **Scott, Jenny J**
STREET ADDRESS **122 Palmers Hill Road, Apt. 3318**
CITY-ST-ZIP **Stamford, CT 06902**

TITLE **DP** ☐ Delete
NAME **MCCORMICK, J. ROBINSON**
STREET ADDRESS **4015 OLD POSTE ROAD**
CITY-ST-ZIP **COLUMBUS OH 43221**

TITLE **Director and Chairman** ☒ Change ☐ Addition
NAME **McCormick, J. Robinson**
STREET ADDRESS **3126 Kingsmead Trace**
CITY-ST-ZIP **Dublin, OH 43017-2217**

TITLE **DCEO** ☐ Delete
NAME **OVERLY, NILES C**
STREET ADDRESS **10545 WELLINGTON BLVD**
CITY-ST-ZIP **POWELL OH 43065**

TITLE **Director and CEO** ☒ Change ☐ Addition
NAME **Overly, Niles C.**
STREET ADDRESS **2475 Stonehaven Court North**
CITY-ST-ZIP **Columbus, OH 43220**

TITLE **DV** ☐ Delete
NAME **OVERLY, ROBINSON M**
STREET ADDRESS **10442 E. WINDROSE DRIVE**
CITY-ST-ZIP **SCOTTSDALE AZ 85259**

TITLE **Director and Executive Vice Pres.** ☐ Change ☐ Addition
NAME **Overly, Robinson M.**
STREET ADDRESS **2737 East Arizona Biltmore Circle**
CITY-ST-ZIP **Phoenix, AZ 85016**

TITLE **DV** ☐ Delete
NAME **MCCORMICK, J. LUKE**
STREET ADDRESS **4762 MACALLAN COURT, EAST**
CITY-ST-ZIP **DUBLIN OH 43017**

TITLE **Director, Senior Vice Pres. & Secretary** ☐ Change ☐ Addition
NAME **McCormick, J. Luke**
STREET ADDRESS **4123 Maystar Way**
CITY-ST-ZIP **Hilliard, Ohio 43026-3012**

TITLE **D** ☐ Delete
NAME **MADIGAN, JOSEPH J**
STREET ADDRESS **5517 CARNOUSTIE COURT**
CITY-ST-ZIP **DUBLIN OH 43017**

TITLE **Director** ☒ Change ☐ Addition
NAME **Madigan, Joseph E.**
STREET ADDRESS **5555 Heron Point Drive #2102**
CITY-ST-ZIP **Naples, FL 34108**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)