

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90190 004 ***150.00

DOCUMENT # 823755

1. Entity Name

TBHC INC

Principal Place of Business

**9000 BAY HILL BLVD.
 ORLANDO FL 32819**

Mailing Address

**9000 BAY HILL BLVD.
 ORLANDO FL 32819**

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 **34-1045458**

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

**HARBERT, RONALD A.
 225 E ROBINSON #600
 P.O. BOX 2854
 ORLANDO FL 32802**

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

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	VD	<input type="checkbox"/> Delete
NAME	MCCORMACK, MARK H	
STREET ADDRESS	ONE ERIEVIEW PLAZA	
CITY-ST-ZIP	CLEVELAND, OHIO 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSTON, ALASTAIR J	
STREET ADDRESS	1 ERIEVIEW PLAZA	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALMER, ARNOLD D	
STREET ADDRESS	9000 BAY HILL BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARBERT, RONALD A	
STREET ADDRESS	225 E ROBINSON #600	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZUGAY, JACK	
STREET ADDRESS	1 ERIEVIEW PLAZA	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAUNDERS, ROY	
STREET ADDRESS	9000 BAY HILL BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-01 407 576 8038

CR2E034 (10/00)