

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90147 032 \*\*\*158.75

**DOCUMENT # 832737**

1. Entity Name

**THOMAS W. RUFF & COMPANY OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

1114 DUBLIN RD.  
COLUMBUS OH 43215

1114 DUBLIN RD.  
COLUMBUS OH 43215-1039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-0849755**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORMAN, JOHN E	NAME	Roger Escobas
STREET ADDRESS	1114 DUBLIN RD	STREET ADDRESS	1114 Dublin Rd.
CITY-ST-ZIP	COLUMBUS, OH 0	CITY-ST-ZIP	Columbus, OH 43215
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, JOHN J.	NAME	
STREET ADDRESS	1114 DUBLIN RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 0	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, CAROL J	NAME	
STREET ADDRESS	1114 DUBLIN RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 0	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRYNOCK, KATHLEEN G	NAME	
STREET ADDRESS	911 ORLANDO AVE S	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 0	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, MICHAEL J.	NAME	
STREET ADDRESS	1114 DUBLIN RD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Roger Escobas* **SIGNATURE REQUIRED** *Roger Escobas* 1/6/00 614-487-4321  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000700J



DO NOT WRITE IN THIS SPACE

CR2FE034 (9/99)