

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845791

1. Entity Name

R. MEEDER & ASSOCIATES, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90170 024 \*\*\*150.00

Principal Place of Business

Mailing Address

6000 MEMORIAL DRIVE  
P. O. BOX 7177  
DUBLIN OH 43017

6000 MEMORIAL DRIVE  
P. O. BOX 7177  
DUBLIN OH 43017-0777

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 **31-0841498**

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

WOLLETT, CYLESTE  
4440 PGA BLVD.  
#402  
PALM BEACH GARDENS FL 33410

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	MEEDER, ROBERT JR.	
STREET ADDRESS	4421 SAWMILL ROAD	
CITY-ST-ZIP	COLUMBUS OH.	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	MEEDER, DONALD F	
STREET ADDRESS	5766 LOCH MAREE CT N	
CITY-ST-ZIP	DUBLIN OH	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	VOELKER, PHILIP A	
STREET ADDRESS	8425 GREENSIDE DR	
CITY-ST-ZIP	DUBLIN OH	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	HOAG, WESLEY	
STREET ADDRESS	2057 UPPER CHELSEA ROAD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	<b>COO</b>	<input type="checkbox"/> Delete
NAME	LINE, THOMAS E	
STREET ADDRESS	2615 WEXFORD ROAD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1190 Bri Hany Lane	
CITY-ST-ZIP	Columbus, OH 43220	
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	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald C. Paul	
STREET ADDRESS	10437 N. Crosset Hill	
CITY-ST-ZIP	Pickerington, OH 43147	

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

3/29/00

Date

6014 7610 7000

Daytime Phone #

CR2E034 (9/99)