

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90354 036 ***550.00

DOCUMENT # 851243

1. Entity Name

THE GUARANTEE TITLE AND TRUST COMPANY

Principal Place of Business

**8280 MONTGOMERY RD
 SUITE 201
 CINCINNATI OH 45276
 US**

Mailing Address

**8280 MONTGOMERY RD
 SUITE 201
 CINCINNATI OH 45236
 US**

2. Principal Place of Business

**8230 Montgomery Rd
 Suite 201**

3. Mailing Address

**8230 Montgomery Rd.
 Suite 201**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CINCINNATI OH

CINCINNATI OH

Zip

Country

Zip

Country

45236

US

45236

US

6. Name and Address of Current Registered Agent

**JOHNSON, JOHN J
 325 BELCHER ROAD, N.
 CLEARWATER FL 34625**

7. Name and Address of New Registered Agent

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

TITLE **PTD** ☐ Delete
 NAME **MORGAN, THOMAS H.**
 STREET ADDRESS **8280 MONTGOMERY RD, STE 201**
 CITY-ST-ZIP **CINCINNATI OH**

TITLE **VT** ☐ Delete
 NAME **DRIES, WILLIAM**
 STREET ADDRESS **8280 MONTGOMERY RD, STE 201**
 CITY-ST-ZIP **CINCINNATI OH**

TITLE **D** ☐ Delete
 NAME **HOGAN, JON P.**
 STREET ADDRESS **8280 MONTGOMERY RD, STE 201**
 CITY-ST-ZIP **CINCINNATI OH**

TITLE **D** ☐ Delete
 NAME **COOK, WILLIAM C.**
 STREET ADDRESS **8280 MONTGOMERY RD, STE 201**
 CITY-ST-ZIP **COLUMBUS OH**

TITLE **D** ☐ Delete
 NAME **ZENNI, JAMES J**
 STREET ADDRESS **8280 MONTGOMERY RD, STE 201**
 CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

CR2E034 (4/02)

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 #

7/3/02 (513)794-4020