

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90002 008 ***550.00

0134342 AT

DOCUMENT # F00000002863

1. Entity Name

BEST BRANDS CORP.

Principal Place of Business

Mailing Address

~~445 HUTCHINSON AVENUE, SUITE 800~~
 COLUMBUS OH 43235

~~445 HUTCHINSON AVENUE, SUITE 800~~
 COLUMBUS OH 43235

2. Principal Place of Business

1765 Yankee Doodle Rd
 Suite, Apt. #, etc.

3. Mailing Address

1765 Yankee Doodle Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Eagan, mn

City & State

Eagan, mn

4. FEI Number

31-1708815 ~~APPLIED FOR~~

Applied For

Not Applicable

Zip

55121

Country

U.S.

Zip

55121

Country

U.S.

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

C T CORPORATION SYSTEM
 1200 SOUTH 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 \$550.00
After September 12, 2001 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	PD	<input type="checkbox"/> Delete
NAME	SMITH, DOUGLAS A	
STREET ADDRESS	445 HUTCHINSON AVENUE, SUITE 800	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUMPHREY, G. SCOTT	
STREET ADDRESS	445 HUTCHINSON AVENUE, SUITE 800	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUNENSHINE, HARRY S	
STREET ADDRESS	445 HUTCHINSON AVENUE, SUITE 800	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASCIO, PAUL H	
STREET ADDRESS	20600 CHAGRIN BLVD., SUITE 1150	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINKAS, ROBERT P	
STREET ADDRESS	20600 CHAGRIN BLVD., SUITE 1150	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, JAMES M	
STREET ADDRESS	20 PUBLIC SQUARE, SUITE 2300	
CITY-ST-ZIP	CLEVELAND OH 44114	

TITLE	Michael Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Schultz	
STREET ADDRESS	1765 Yankee Doodle Rd	
CITY-ST-ZIP	Eagan, mn 55121	
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
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 persons empowered.

SIGNATURE:

Signature **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

651-405-3232

CR2E034 (5/01)