

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000006577**

1. Entity Name  
**AERC of Virginia, Inc.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90455 020 \*\*\*158.75

Principal Place of Business  
**5025 Swetland Court**  
**Richmond Heights, OH 44143**

Mailing Address  
**5025 Swetland Court**  
**Richmond Heights, OH 44143**

**00043531**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**34-1939436**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT Corporation System**  
**1200 South Pine Island Road**  
**Plantation, FL 33324**

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.

SIGNATURE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	Jeffrey I. Friedman	
STREET ADDRESS	5025 Swetland Court	
CITY-ST-ZIP	Richmond Heights, OH 44143	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	Martin A. Fishman	
STREET ADDRESS	5025 Swetland Court	
CITY-ST-ZIP	Richmond Heights, OH 44143	
TITLE	V/T	<input checked="" type="checkbox"/> Delete
NAME	Kathleen L. Gutin	
STREET ADDRESS	5025 Swetland Court	
CITY-ST-ZIP	Richmond Heights, OH 44143	
TITLE	V	<input type="checkbox"/> Delete
NAME	Louis E. Vogt	
STREET ADDRESS	5025 Swetland Court	
CITY-ST-ZIP	Richmond Heights, OH 44143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lou Fatica	
STREET ADDRESS	5025 Swetland Court	
CITY-ST-ZIP	Richmond Heights, OH 44143	
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 like empowered.

SIGNATURE: Martin A. Fishman V.P. 04-17-01 (216) 797-8780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Martin A. Fishman, Vice President/Secretary**

Date Daytime Phone #

CR2E034 (11/00)