

# 2002 UNIFORM BUSINESS REPORT (UBR)

0471402 AV

DOCUMENT # F01000005448

1. Entity Name  
ALL STAR BLEACHERS, INC.

Principal Place of Business  
6550 NEW TAMPA HIGHWAY  
LAKELAND FL 33815-3148

Mailing Address  
6550 NEW TAMPA HIGHWAY  
LAKELAND FL 33815-3148

FILED

02 APR 2002 PM 12:18

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8223 Brecksville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State  
Brecksville, Ohio

4. FEI Number  
59-3742191 APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

44141-1361

Country

Cuyahoga

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

BONIELLO, MICHAEL  
6550 NEW TAMPA HIGHWAY  
LAKELAND FL 33815-3148

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, 2002 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 DCEO ☐ Delete  
NAME HEFFERNAN, ROBERT  
STREET ADDRESS 6550 NEW TAMPA HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33815-3148

TITLE DCEO ☒ Change ☐ Addition  
NAME Heffernan, Robert B.  
STREET ADDRESS 99 Brower Avenue  
CITY-ST-ZIP Oaks, PA 19456

TITLE VD ☐ Delete  
NAME BONIELLO, MICHAEL  
STREET ADDRESS 6550 NEW TAMPA HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33815-3148

TITLE VD ☒ Change ☐ Addition  
NAME Boniello, Michael P.  
STREET ADDRESS 99 Brower Avenue  
CITY-ST-ZIP Oaks, PA 19456

TITLE VD ☐ Delete  
NAME MARSH, TODD  
STREET ADDRESS 6550 NEW TAMPA HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33815-3148

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

TITLE PD ☐ Delete  
NAME MARSH, DONALD  
STREET ADDRESS 6550 NEW TAMPA HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33815-3148

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

TITLE S ☒ Delete  
NAME CARROLL, GERRY  
STREET ADDRESS 6550 NEW TAMPA HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33815-3148

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

TITLE T ☐ Delete  
NAME CURCI, JOHN  
STREET ADDRESS 6550 NEW TAMPA HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33815-3148

TITLE ST ☒ Change ☐ Addition  
NAME Curci, John V.  
STREET ADDRESS 6950 South Edgerton Road  
CITY-ST-ZIP Brecksville, OH 44141-3184

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.

John V. Curci

Secretary/Treasurer 4/2/02 (440) 838-4700

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 505606 4346786

AUTHORIZATION :

*Patricia Pryor*

COST LIMIT : \$ 150.00

ORDER DATE : April 1, 2002

ORDER TIME : 10:0 AM

ORDER NO. : 505606-010

CUSTOMER NO: 4346786

CUSTOMER: Mr. Allan L. Lyons  
Vesper Corporation  
Two Brecksville Commons  
8223 Brecksville Road  
Brecksville, OH 44141-1361

ANNUAL REPORT FILING

NAME: ALL STAR BLEACHERS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 APR -2 AM 11:31  
DIVISION OF CORPORATION