

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F49038

1. Entity Name

CORPOREX DEVELOPMENT SERVICES OF FLORIDA, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90066 019 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275

P.O. BOX 75020
CINCINNATI OH 45275-0020

2. Principal Place of Business

3. Mailing Address

c/o Corporate Secretary

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 75020

City & State

City & State
Cincinnati, OH

Zip

Country

45275-0020

Country

4. FEI Number

61-0966534

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

BAUMEISTER, WILLIAM F
255 S ORANGE AVE #1144
ORLANDO FL 32801

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code

33324

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

Susan J. Metz
Signature, typed or printed name of registered agent and title if applicable.

Susan J. Metz

Assistant Secretary

CT Corporation System

4/19/2000

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	PD	<input type="checkbox"/> Delete
NAME	BUTLER, WILLIAM P	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAUMEISTER, WILLIAM	
STREET ADDRESS	3710 CORPOREX PK DR #100	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLACKHAM, J W	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROUK, DALE W	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARLOTT, ELVA A	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS E BANTA	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY 41011	

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	Covington KY 41011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	255 South Orange Ave #1144	
CITY-ST-ZIP	Tampa FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	Covington KY 41011	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cairns, Myles	
STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	Covington KY 41011	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	Covington KY 41011	

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:

Myles Cairns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myles Cairns

Secretary 4/19/2000

Date

Daytime Phone #

CR2F034 (9/99)