## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Mar 11, 2002 8:00 am			
DOCU 1. Entity Nan	MENT #	F92000	0000712		Mar 11, 2002 8:00 an Secretary of State				008 AT
COMMOI	NWEALTH HOTI	ELS, INC.			·	03-11-2002 9001	8 009 ***150.	00	٦
Principal Place of Business 50 E. RIVERCENTER BLVD STE. 600 COVINGTON KY 41011 US			Mailing Address 50 E. RIVERCENTER BLVD. STE. 800 COVINGTON KY 41011 US				1107 1107 1108 1108 1118		
2. Principal Place of Business			3. Mailing Address				<b>  1</b>	((0)0 (10) (10)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State		4.	FEI Number 61-1104826		plied For t Applicable	
Zip	Zip Country		Zip	Country	5. (	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Add	ress of Current Re	gistered Agent		7. 1	Name and Address of New Registe			
				Name					!
BAILIN, LAWRENCE J 401 E. JACKSON STREET SUITE 2200				Street /	et Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33802				City	FL Zip Code				
8. The above	named entity submits	this statement for th	ne purpose of changing its r	egistered office	or registered ag	ent, or both, in the State of Florida.	<u> </u>		1
SIGNATURE .	Signature, typed or printed na	me of registered agent and	title if applicable. (NOTE:	Registered Agent signa	ature required when n	einstating) C	ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! After May 1, 2002 Make Check Payable				2 Fee will be \$	e will be \$550.00 Trust Fund Contribution Added to Fees				
11.		OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	PSD FAY, DANIEL T		☐ Delete	TITLE NAME	PD		- 🔀 Change		34 (9/01)
STREET ADDRESS CITY-ST-ZIP 50 EAST RIVERCENTER BLVD, SUITE 600 COVINGTON KY 41011			TE 600	STREET ADDRESS CITY-ST-ZIP					CR2E034
TITLE NAME	TD BUTLER, WILLIAM		☐ Delete	TITLE NAME			Change	☐ Addition	S
STREET ADDRESS 50 EAST RIVERCENTER BLVD, SUITE 600 COVINGTON KY 41011				STREET ADDRESS CITY-ST-ZIP	100 East Rivercenter Blvd, Ste 1100				
TITLE NAME		S	Delete -	TITLE	V====	am, J. William III	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			 	STREET ADDRESS CITY-ST-ZIP	100 Eas	st RiverCenter Blvd ton, KY 41011	, Ste 1100	)	
TITLE NAME	1		Delete	TITLE NAME	V		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	<u> </u>	· · <del>-</del> -		STREET ADDRESS CITY-ST-ZIP	50 East	, Gordon t RiverCenter Blvd,	Ste 600	\bar{\bar{\bar{\bar{\bar{\bar{\bar{\b	
TITLE NAME	,		□ Delete	TITLE NAME	Assista	t <del>on, Ky 41011</del> ant Secretary	Change	Addition	
STREET ADDRESS   CITY-ST-ZIP	· —			STREET ADDRESS CITY-ST-ZIP		st RiverCenter Blvd	, Ste 1100		
TITLE NAME		-	☐ Delete	TITLE	Assista	t <del>on, KY 41011</del> ant Secretary , Martin	☐ Change	Addition	
STREET ADDRESS	 s	<del>-</del> .		STREET ADDRESS CITY-ST-ZIP	50 East	t RiverCenter Blvd, ton, KY 41011	Ste 1400		
13. I hereby o	Сенту гластне иногича	اً الله المساور	s filing does not qualify for t	he exemption sta		119.07(3)(i), Florida Statutes. I furthe	er certify that the in	formation	

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.