

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90401 018 ***150.00

DOCUMENT # F93000002579

1. Entity Name
H.C.F. OF OHIO, INC.

Principal Place of Business

**1100 SHAWNEE RD
LIMA OH 45805**

Mailing Address

**1100 SHAWNEE RD
LIMA OH 45805**

88067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1032496

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUBENS, BURTON J.
SUNSET BEACH #3405
2105 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

**UNVERFERTH, RICHARD A.
Street Address (P.O. Box Number is Not Acceptable)
2263 MALLORY CIRCLE**

City

HAINES CITY

FL

Zip Code
33844

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

Richard A. Unverferth
Signature, typed or printed name of registered agent and file if applicable.

CHAIRMAN

5-22-02

DATE

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C UNVERFERTH, RICHARD A 510 N. BROAD ST. KALIDA OH 45853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUBENS, BURTON J 1421 SHAWNEE ROAD LIMA OH 45805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNVERFERTH, JAMES W 15675 ROAD 17N KALIDA OH 45853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RINEHART, FRED J 4554 MEADOW VIEW DR LIMA OH 45805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESCH, DONALD P 306 N. ELM ST. COLDWATER OH 45828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Fred J. Rinehart
FRED J. RINEHART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-FINANCE

4-12-02

Date

419-999-2010

Daytime Phone #

CR2E034 (9/01)