

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91182 021 \*\*\*150.00

**DOCUMENT # F93000003215**

1. Entity Name  
**AGA GAS, INC.**

Principal Place of Business  
**6055 ROCKSIDE WOODS BLVD.**  
**INDEPENDENCE OH 44131**  
**US**

Mailing Address  
**P O BOX 94737**  
**CLEVELAND OH 44101-737**  
**US**

2. Principal Place of Business

3. Mailing Address

**6055 ROCKSIDE WOODS BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**INDEPENDENCE OH**

City & State

Zip  
**44131**

Country

**USA**

Zip

Country

4. FEI Number **34-0122550**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T 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 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, 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          | PD                    | <input type="checkbox"/> Delete            |
| NAME           | MURPHY, PATRICK F     |  |
| STREET ADDRESS | 6225 OAK TREE BLVD.   |  |
| CITY-ST-ZIP    | CLEVELAND OH 44131    |  |
| TITLE          | VS                    | <input checked="" type="checkbox"/> Delete |
| NAME           | BRULL, JOHN J         |  |
| STREET ADDRESS | 6225 OAK TREE BLVD.   |  |
| CITY-ST-ZIP    | CLEVELAND OH 44131    |  |
| TITLE          | V                     | <input type="checkbox"/> Delete            |
| NAME           | D'AGOSTINO, JOSEPH M  |  |
| STREET ADDRESS | 6225 OAK TREE BLVD    |  |
| CITY-ST-ZIP    | CLEVELAND OH          |  |
| TITLE          | V                     | <input type="checkbox"/> Delete            |
| NAME           | BURROWS, DONALD F JR. |  |
| STREET ADDRESS | 6225 OAK TREE BLVD.   |  |
| CITY-ST-ZIP    | CLEVELAND OH 44131    |  |
| TITLE          | T                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ZEMAN, MONICA M.      |  |
| STREET ADDRESS | 6225 OAK TREE BLVD    |  |
| CITY-ST-ZIP    | INDEPENDENCE OH       |  |
| 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          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | TREASURER                |  |
| STREET ADDRESS | JONATHAN P. HAY          |  |
| CITY-ST-ZIP    | 6055 ROCKSIDE WOODS BLVD |  |
|                | INDEPENDENCE, OH 44131   |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)