

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000005296**

1. Entity Name

BYC, INC.**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90164 033 ***150.00

Principal Place of Business	Mailing Address
6140 PARKLAND BLVD. STE 110 MAYFIELD HEIGHTS OH 44124	6140 PARKLAND BLVD. STE 110 MAYFIELD HEIGHTS OH 44124-4187

BUU1b3b8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 34-1754037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM**
1200 S. PINE ISLAND RD.
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMSICH, ROBERT J	
STREET ADDRESS	6140 PARKLAND BLVD.	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44124	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BIACOFKY, JOHN	
STREET ADDRESS	6140 PARKLAND BLVD.	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44124	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BRAINARD, PATRICK J	
STREET ADDRESS	6140 PARKLAND BLVD.	
CITY-ST-ZIP	CLEVELAND OH 44124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	John Tomsich	
STREET ADDRESS	6140 Parkland Blvd.	
CITY-ST-ZIP	Mayfield Hts., OH 44124	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 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
Patrick J. Brainard

1/12/00

440.461.6000

Daytime Phone #