

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F94000000520**

1. Entity Name

OHIO SAVINGS SECURITIES, INC.**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90170 004 ***150.00

0563763

Principal Place of Business 200 OHIO SAVINGS PLAZA 1801 EAST NINTH STREET CLEVELAND OH 44114	Mailing Address 200 OHIO SAVINGS PLAZA 1801 EAST NINTH STREET CLEVELAND OH 44114
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C0046997

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 34-1396557		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		7. Name and Address of New Registered Agent	
SADOCK, JAMES JR. ESQ AMTRUST BANK 5550 GLADES ROAD, SUITE 100 BOCA RATON FL 33431		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 State10. 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	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, ROBERT	NAME	
STREET ADDRESS	5150 THREE VILLAGE DR UNIT 1E	STREET ADDRESS	
CITY-ST-ZIP	LYNDHURST OH	CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, DAVID	NAME	
STREET ADDRESS	19200 SOUTH WOODLAND ROAD	STREET ADDRESS	
CITY-ST-ZIP	SHAKER HEIGHTS OH 44122	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, GERALD	NAME	
STREET ADDRESS	32500 CHESTNUT LANE	STREET ADDRESS	
CITY-ST-ZIP	PEPPER PIKE OH 44124	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIMUTH, MARC W	NAME	
STREET ADDRESS	18001 SHAKER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SHAKER HEIGHTS OH 44120	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESBY, ALAN W	NAME	
STREET ADDRESS	3060 MEADOW GATEWAY	STREET ADDRESS	
CITY-ST-ZIP	BROADVIEW HEIGHTS OH 44147	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

3/30/01

Date

216-588-4495

Daytime Phone #

CR2E034 (10/00)