

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001394

1. Entity Name

GALIC BROTHERS, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90110 014 ***150.00

Principal Place of Business

Mailing Address

250 EAST FIFTH STREET
CINCINNATI OH 45202
US

C/O MISCHELL, THOMAS. E
ONE EAST FOURTH STREET, STE 800
CINCINNATI OH 45202
US

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 31-1391777

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUBAN, KEN
OCEAN REEF CLUB
31 OCEAN REEF DR., STE C-300
KEY LARGO FL 33037

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FULLER, VICTOR L
STREET ADDRESS 2699 SOUTH BAYSHORE DR STE 800E
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Two Alhambra Plaza, Suite 1280
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VD ☐ Delete
NAME FULLER, STEPHEN M
STREET ADDRESS 2699 SOUTH BAYSHORE DR ST 800E
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Two Alhambra Plaza, Suite 1280
CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☐ Delete
NAME LINTZ, ROBERT C
STREET ADDRESS 1 EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE AT ☐ Change ☒ Addition
NAME MISCHELL, THOMAS E
STREET ADDRESS ONE EAST FOURTH STREET, 8TH FLOOR
CITY-ST-ZIP CINCINNATI, OH 45202

TITLE VT ☐ Delete
NAME MANEY, WILLIAM J
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MUETHING, MARK F
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME TATE, JEFF S
STREET ADDRESS 250 EAST 5TH STREET
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ 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, 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

Thomas E. Mischell, Assistant Treasurer

4/6/2001

513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)