

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90458 017 ***150.00

DOCUMENT # F94000001394

1. Entity Name

GALIC BROTHERS, INC.

Principal Place of Business

**250 EAST FIFTH STREET
 CINCINNATI OH 45202
 US**

Mailing Address

**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

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	FULLER, VICTOR L	
STREET ADDRESS	TWO ALHAMBRA PLAZA SUITE 1280	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FULLER, STEPHEN M	
STREET ADDRESS	TWO ALHAMBRA PLAZA SUITE 1280	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINTZ, ROBERT C	
STREET ADDRESS	1 EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MANEY, WILLIAM J	
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> Delete
NAME	MUETHING, MARK F	
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TATE, JEFF S	
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice Pres. & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Miliano	
STREET ADDRESS	250 East Fifth Street	
CITY-ST-ZIP	Cincinnati, Ohio 45202	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth A. Luban	
STREET ADDRESS	31 Ocean Reef Drive, Ste. C-300	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James C. Kennedy	
STREET ADDRESS	One East Fourth Street	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas E. Mischell	
STREET ADDRESS	One East Fourth Street	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel J. Vonderhaar	
STREET ADDRESS	One East Fourth Street	
CITY-ST-ZIP	Cincinnati, OH 45202	
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

Thomas E. Mischell

Assistant Treasurer 4/25/02 513-579-2171

Date

Daytime Phone #

CR2E034 (9/01)