

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90006 046 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # F94000005094**

1. Entity Name  
**JACOBS PROPERTIES, INC.**

Principal Place of Business      Mailing Address  
**25425 CENTER RIDGE RD.**      **25425 CENTER RIDGE RD.**  
**WESTLAKE OH 44145**      **WESTLAKE OH 44145-4122**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>34-1758842</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	<b>P C</b>	<b>25425 CENTER RIDGE RD</b> <b>WESTLAKE OH 44145</b>			
	<b>LEARY, MARTIN J</b>				
	<b>V</b>	<b>HENNEBERRY, THOMAS W</b> <b>604 DWIGHT</b> <b>BAY VILLAGE OH 44140</b>			
	<b>V</b>	<b>HUBER, STEPHEN L</b> <b>31009 WILDERNESS TRAIL</b> <b>WESTLAKE OH 44145</b>			
	<b>CEO</b>	<b>JACOBS, RICHARD E</b> <b>12700 LAKE AVE.</b> <b>LAKEWOOD OH 44107</b>			
	<b>V</b>	<b>PANCOAST, DAVID W</b> <b>24300 LAKE RD.</b> <b>BAY VILLAGE OH 44140</b>			
	<b>D</b>	<b>BIGGAR, JAMES M</b> <b>31600 FAIRMONT BLVD.</b> <b>PEPPER PIKE OH 44124</b>			

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:** *Justin M. McDiarmid*      **4-18-00**      **440 871 4800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)