

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90170 038 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000005254

1. Entity Name
FL PASCO, INC.

Principal Place of Business 730 TERMINAL TOWER 50 PUBLIC SQ CLEVELAND OH 44113 US		Mailing Address 730 TERMINAL TOWER 50 PUBLIC SQ CLEVELAND OH 44113-2202 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 **34-1535520**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ (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 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCHEIN, ROBERT F	NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SAMUEL H	NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFRAN, NATHAN	NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, ALBERT B	NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THOMAS G	NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, WILLIAM M	NAME	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44113	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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/18/00** Daytime Phone #

CR2E034 (9/99)