

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90225 014 \*\*\*150.00

0805656  
AT

**DOCUMENT # F94000005254**  
 1. Entity Name  
**FL PASCO, INC.**

Principal Place of Business <b>730 TERMINAL TOWER 50 PUBLIC SQ CLEVELAND OH 44113 US</b>	Mailing Address <b>730 TERMINAL TOWER 50 PUBLIC SQ CLEVELAND OH 44113 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>34-1535520</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**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
State: <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 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**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MONCHEIN, ROBERT F</b>
STREET ADDRESS	<b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44113</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>MILLER, SAMUEL H</b>
STREET ADDRESS	<b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44113</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SHAFRAN, NATHAN</b>
STREET ADDRESS	<b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44113</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>RATNER, ALBERT B</b>
STREET ADDRESS	<b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44113</b>
TITLE	<b>TAS</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, THOMAS G</b>
STREET ADDRESS	<b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44113</b>
TITLE	<b>AS</b> <input type="checkbox"/> Delete
NAME	<b>WARREN, WILLIAM M</b>
STREET ADDRESS	<b>1100 TERMINAL TOWER, 50 PUBLIC SQ</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44113</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles A. Ratner</b>
STREET ADDRESS	<b>1100 Terminal Tower, 50 Public Sq.</b>
CITY-ST-ZIP	<b>Cleveland, OH 44113</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: By: **SUNRISE LAND CO. dba FL PASCO, INC.**  
**Samuel H. Miller** *3/29/02* (216) 621-6060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)