

2001 UNIFORM BUSINESS REPORT (UBR)

0665817

DOCUMENT # F94000005326

1. Entity Name
THE BOYKIN GROUP, INC.

FILED

01 APR 30 PM 1:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
45 W. PROSPECT AVE
GUILDHALL BLD 1500
CLEVELAND OH 44115

Mailing Address
45 W. PROSPECT AVE
GUILDHALL BLD 1500
CLEVELAND OH 44115

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number **34-1779121** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 **Signature, typed or printed name of registered agent and title if applicable** **(NOT) Registered Agent signature required when reinstating** **DATE**

100004212341--3
-05/11/01--01102--001
*****1852.50 ****150.00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PD NAME BOYKIN, ROBERT W STREET ADDRESS 45 W. PROSPECT AVE 1500 GUILDHALL BLD CITY-ST-ZIP CLEVELAND OH 44115	<input type="checkbox"/> Delete
TITLE VPT NAME HEITLAND, RAYMOND P STREET ADDRESS 16846 BARDBURY AVE CITY-ST-ZIP MIDDLEBURG HTS OH 44130	<input type="checkbox"/> Delete
TITLE VPS NAME O'NEIL, PAUL A STREET ADDRESS 45 W. PROSPECT AVE 1500 GUILDHALL BLD CITY-ST-ZIP CLEVELAND OH 44115	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul A. O'Neill* **04/18/01** **(216) 430-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

Paul A. O'Neill, Treasurer

CR2E034 (10/00)