

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001980

1. Entity Name

MRP BELL TOWER, INC.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90069 040 ***150.00

Principal Place of Business

7 WEST SEVENTH STREET
C/O MADISON MARQUETTE
CINCINNATI OH 45202

Mailing Address

7 WEST SEVENTH STREET
C/O MADISON MARQUETTE
CINCINNATI OH 45202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 31-1434181

Applied For

Not Applicable

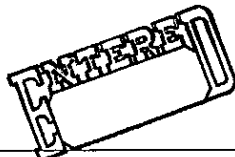
5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324



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, 2001 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	PC	<input type="checkbox"/> Delete
NAME	BOORN, JOHN P	
STREET ADDRESS	7 WEST SEVENTH STREET, STE. 1600	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	BENNETT, JAMES	
STREET ADDRESS	7 WEST SEVENTH STREET, STE. 1600	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	STV	<input type="checkbox"/> Delete
NAME	MITSCHT, C. LOUIS	
STREET ADDRESS	7 WEST SEVENTH STREET, STE. 1600	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAINERD, DAVID	
STREET ADDRESS	7 WEST SEVENTH STREET, STE. 1600	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOUR, AMER	
STREET ADDRESS	7 WEST SEVENTH STREET, STE. 1600	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY, WILLIAM R	
STREET ADDRESS	7 WEST SEVENTH STREET, STE. 1600	
CITY-ST-ZIP	CINCINNATI OH 45202	

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	
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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)(j), 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

Date

Daytime Phone #

1-4-01

513-579-7242

CR2E034 (10/00)