

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002325

1. Entity Name

IFS INSURANCE AGENCY, INC.

Principal Place of Business

311 PIKE ST
CINCINNATI OH 45202
US

Mailing Address

311 PIKE ST
CINCINNATI OH 45202
US

2. Principal Place of Business

221 E. Fourth

3. Mailing Address

221 E. Fourth

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Cincinnati Oh

City & State

Cincinnati Oh

Zip

45202

Country

US

Zip

45202

Country

US

4. FEI Number 31-1334221

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

C T 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 PD ☐ Delete
NAME MCGRUDER, JILL T
STREET ADDRESS 311 PIKE STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME TAULBEE, RICHARD
STREET ADDRESS 400 BROADWAY
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WATERS, JAMES R JR
STREET ADDRESS 311 PIKE STREET
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WUEBBLING, DONALD J
STREET ADDRESS 400 BROADWAY
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME VANCE, JAMES J
STREET ADDRESS 400 BROADWAY
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEDWIN, WILLIAM
STREET ADDRESS 400 BROADWAY
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2001

Date

513-629-1426

Daytime Phone #

041010



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)