

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005150

1. Entity Name

VAN DYNE-CROTTY, INC. OF CENTRAL FLORIDA

Principal Place of Business

POST OFFICE BOX 442
DAYTON OH 45401-0442

Mailing Address

POST OFFICE BOX 442
DAYTON OH 45401-0442

2. Principal Place of Business

3233 Newmark Drive

Suite, Apt. #, etc.

3. Mailing Address

3233 Newmark Drive

Suite, Apt. #, etc.

City & State

Miamisburg, OH

City & State

Miamisburg, OH

Zip

Country

45342-5422 U.S.A.

Zip

Country

45342-5422 U.S.A.

4. FEI Number

31-0564777

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, 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 | CEOC | <input type="checkbox"/> Delete |
| NAME | CROTTY, L W | |
| STREET ADDRESS | 903 BRANDT STREET | |
| CITY-ST-ZIP | DAYTON OH 45401 | |
| TITLE | PCOO | <input type="checkbox"/> Delete |
| NAME | CROTTY, DANIEL W | |
| STREET ADDRESS | 903 BRANDT STREET | |
| CITY-ST-ZIP | DAYTON OH 45401 | |
| TITLE | EVD | <input type="checkbox"/> Delete |
| NAME | CROTTY, KEVIN M | |
| STREET ADDRESS | 903 BRANDT STREET | |
| CITY-ST-ZIP | DAYTON OH 45401 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | CROTTY, ROBERT S | |
| STREET ADDRESS | 903 BRANDT STREET | |
| CITY-ST-ZIP | DAYTON OH 45401 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | SENSEMAN, DAVID | |
| STREET ADDRESS | 903 BRANDT STREET | |
| CITY-ST-ZIP | DAYTON OH 45401 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | RICK, CARLILE | |
| STREET ADDRESS | 903 BRANDT STREET | |
| CITY-ST-ZIP | DAYTON OH | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3233 Newmark Drive | |
| CITY-ST-ZIP | Miamisburg, OH 45342-5422 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3233 Newmark Drive | |
| CITY-ST-ZIP | Miamisburg, OH 45342-5422 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3233 Newmark Drive | |
| CITY-ST-ZIP | Miamisburg, OH 45342-5422 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3233 Newmark Drive | |
| CITY-ST-ZIP | Miamisburg, OH 45342-5422 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3233 Newmark Drive | |
| CITY-ST-ZIP | Miamisburg, OH 45342-5422 | |

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: David Senseman DAVID SENSEMAN Treasurer 4/3/00 0522361500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90012 045 ***150.00

00034187



DO NOT WRITE IN THIS SPACE