

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005513

1. Entity Name

CRABAR BUSINESS SYSTEMS CORP.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90237 049 \*\*\*150.00

Principal Place of Business

Mailing Address

1129 MIAMISBURG-CENTERVILLE ROAD  
DAYTON OH 45449

1129 MIAMISBURG-CENTERVILLE ROAD  
DAYTON OH 45449-4004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1796365

Applied For

Not Applicable

Zip

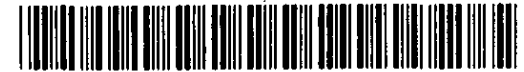
Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLAN, ROBERT W  
5005 TALLOW POINT RD  
TALLAHASSEE FL 32308

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 **RD DIRECTOR & VICE PRES** ☐ Delete  
NAME JOHNSON, CRAIG T  
STREET ADDRESS 1129 MIAMISBURG-CENTERVILLE RD  
CITY-ST-ZIP DAYTON OH 45449

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

TITLE **DIRECTOR** ☐ Delete  
NAME MLAKAR, CHARLES L JR  
STREET ADDRESS 6800 GRANT AVENUE  
CITY-ST-ZIP CLEVELAND OH 44105

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

TITLE **D** ☒ Delete  
NAME GOLD, MORRIS  
STREET ADDRESS 1126 SKOKIE RIDGE DR  
CITY-ST-ZIP GLENCOE IL 60022

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

TITLE **SECRETARY** ☐ Delete  
NAME BERG, CHARLES J. III  
STREET ADDRESS 1129 MIAMISBURG-CENTERVILLE RD  
CITY-ST-ZIP DAYTON OH

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

TITLE **PRESIDENT & DIRECTOR** ☐ Delete  
NAME PAULUS, DAVID F  
STREET ADDRESS 1129 MIAMISBURG-CENTERVILLE RD  
CITY-ST-ZIP DAYTON OH 45449

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

TITLE **VICE PRESIDENT** ☐ Delete  
NAME MICHAEL SKLAR  
STREET ADDRESS 203 N. CASABLANCA ST  
CITY-ST-ZIP CHICAGO, ILLINOIS 60601

☐ Change ☐ Addition  
TITLE  
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:

*Charles J. Berg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 (53) 866-7421  
Date Daytime Phone #

CR2E034 (9/99)