

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000576

1. Entity Name

RENHILL GROUP, INC.

Principal Place of Business

104 N. SUMMIT ST.  
200  
TOLEDO OH 43604

Mailing Address

104 N. SUMMIT ST.  
200  
TOLEDO OH 43604

2. Principal Place of Business

104 N. SUMMIT ST.

3. Mailing Address

104 N. SUMMIT ST.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

TOLEDO OH

City & State

TOLEDO OH

Zip

43604

Country

Zip

43604

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOSEPH T. BRADEN

Street Address (P.O. Box Number is Not Acceptable)

3690 EAST BAY DR. SUITE V

City

LARGO

FL

Zip Code 33771

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

10-24-00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE P ☐ Delete  
NAME PATTERSON, JONETTE T  
STREET ADDRESS 104 N. SUMMIT ST. SUITE 200  
CITY-ST-ZIP TOLEDO OH 13604

TITLE VCD ☐ Delete  
NAME BRADEN, JOSEPH  
STREET ADDRESS 27511 HOLIDAY LANE  
CITY-ST-ZIP PERRYSBURG OH 43551

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE TSD ☒ Change ☐ Addition  
NAME BRADEN, JOSEPH  
STREET ADDRESS 3690 EAST BAY DRIVE SUITE V  
CITY-ST-ZIP LARGO, FL 33771

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

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

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

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

Date

Daytime Phone #

9/29/00

419/254-2800

KE

FILED  
00 OCT 31 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

4. FEI Number 34-1047080

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required