

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90192 009 \*\*\*150.00

0647320 AT

**DOCUMENT # F97000003923**

1. Entity Name

**CASTO WINTER PARK CORPORATION**



Principal Place of Business  
209 EAST STATE ST  
COLUMBUS OH 43215

Mailing Address  
209 EAST STATE ST  
COLUMBUS OH 43215

2. Principal Place of Business  
191 W NATIONWIDE BLVD

3. Mailing Address  
191 W NATIONWIDE BLVD

Suite, Apt. #, etc.  
SUITE 200

Suite, Apt. #, etc.  
SUITE 200

City & State  
COLUMBUS, OH

City & State  
COLUMBUS, OH

Zip  
43215-2568

Country

Zip  
43215-2568

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1539908**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SNIVELY, STEPHEN W**  
**C/O HOLLAND & KNIGHT**  
**200 S. ORANGE AVENUE, STE. 2600**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCTD</b> <b>CASTO, DON M III</b> <b>209 EAST STATE ST</b> <b>COLUMBUS OH 43215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>BENSON, FRANK S III</b> <b>209 EAST STATE ST</b> <b>COLUMBUS OH 43215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LUKEMAN, PAUL G</b> <b>209 EAST STATE ST</b> <b>COLUMBUS OH 43215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HUTCHENS, BRET</b> <b>209 EAST STATE ST</b> <b>COLUMBUS OH 43215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCTD</b> <b>CASTO DON M III</b> <b>191 W NATIONWIDE BLVD, SUITE 200</b> <b>COLUMBUS, OH 43215-2568</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>BENSON, FRANK S III</b> <b>191 W NATIONWIDE BLVD, SUITE 200</b> <b>COLUMBUS, OH 43215-2568</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LUKEMAN, PAUL</b> <b>191 W NATIONWIDE BLVD, SUITE 200</b> <b>COLUMBUS, OH 43215-2568</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HUTCHENS, BRETT</b> <b>191 W NATIONWIDE BLVD, SUITE 200</b> <b>COLUMBUS, OH 43215-2568</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED DON M. CASTO, III**

**4/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)