

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005081

1. Entity Name

CIC HOLDINGS, INC.

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

02-11-2000 90007 028 \*\*\*158.75

Principal Place of Business

Mailing Address

10560 ASHVIEW PLACE, #250  
CINCINNATI OH 45242

10560 ASHVIEW PLACE, #250  
CINCINNATI OH 45242-3795

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

45242-0670

4. FEI Number 31-0229090

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAUDILL, RICHARD W	
STREET ADDRESS	10560 ASHVIEW PLACE, #250	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHELL, KEVEN E	
STREET ADDRESS	10560 ASHVIEW PLACE, #250	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAMSTETTER, NEIL C	
STREET ADDRESS	10560 ASHVIEW PLACE, #250	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, RICHARD H	
STREET ADDRESS	10560 ASHVIEW PLACE, #250	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOONS, JOHN F III	
STREET ADDRESS	10560 ASHVIEW PLACE, #250	
CITY-ST-ZIP	CINCINNATI OH 45242	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ARVIDSON, PHILIP L	
STREET ADDRESS	10560 ASHVIEW PLACE, STE 250	
CITY-ST-ZIP	CINCINNATI OH 45242	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caudill, Richard W.	
STREET ADDRESS	10560 Ashview Place, #250	
CITY-ST-ZIP	Cincinnati, OH 45242	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shell, Keven E.	
STREET ADDRESS	10560 Ashview Place, #250	
CITY-ST-ZIP	Cincinnati, OH 45242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William P. Martin, II	
STREET ADDRESS	10560 Ashview Place, #250	
CITY-ST-ZIP	Cincinnati, OH 45242	

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:

*William P. Martin II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Martin II, Treasurer 2/1/00 513-563-477

Date

Daytime Phone #