

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005196

1. Entity Name

VP BUILDINGS, INC.

Principal Place of Business

200 PUBLIC SQ.
CLEVELAND OH 44114-2308

Mailing Address

200 PUBLIC SQ.
CLEVELAND OH 44114-2301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1539511

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	PD	<input type="checkbox"/> Delete
NAME	GILCHRIST, DAVID M JR.	
STREET ADDRESS	3200 PLAYERS CLUB CIRCLE	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	ANDREWS, WILLIAM E	
STREET ADDRESS	3200 PLAYERS CLUB CIRCLE	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	T	<input type="checkbox"/> Delete
NAME	SKUREK, JOHN C	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH 44114-2308	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEYER, BRUCE V	
STREET ADDRESS	3200 PLAYERS CLUB CIRCLE	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BROOKER, WESLEY R	
STREET ADDRESS	3200 PLAYERS CLUB CIRCLE	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, JAMES W	
STREET ADDRESS	3200 PLAYERS CLUB CIRCLE	
CITY-ST-ZIP	MEMPHIS TN 38125	

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		<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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINN, TERRY L.	
STREET ADDRESS	3200 PLAYERS CLUB CIRCLE	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNING, GEORGE T.	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND, OH	

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:

Will Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT
CONTROLLER
WILL KELLY

Date

Daytime Phone #

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

04-11-2000 90007 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)