

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006128

1. Entity Name

CORDOVA CROSSING CAPITAL CORP.

Principal Place of Business

1765 MERRIMAN RD.  
AKRON OH 44313

Mailing Address

1765 MERRIMAN RD.  
AKRON OH 44313-5251

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

34-1854230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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.

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 DP ☐ Delete  
NAME PETRARCA, LENORA J  
STREET ADDRESS 1765 MERRIMAN RD.  
CITY-ST-ZIP AKRON OH 44313

TITLE D ☐ Delete  
NAME SPONSELLER, ALAN W  
STREET ADDRESS 1765 MERRIMAN RD.  
CITY-ST-ZIP AKRON OH 44313

TITLE V ☐ Delete  
NAME FUTIA, JUNE  
STREET ADDRESS 1765 MERRIMAN RD.  
CITY-ST-ZIP AKRON OH 44313

TITLE S ☐ Delete  
NAME DUFF, ANDREW R  
STREET ADDRESS 159 S. MAIN ST., STE. 600  
CITY-ST-ZIP AKRON OH 44308

TITLE T ☐ Delete  
NAME MEINEKE, RONALD  
STREET ADDRESS 1765 MERRIMAN RD.  
CITY-ST-ZIP AKRON OH 44313

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 D/VP ☒ 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

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 to this address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90175 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)