

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001364

1. Entity Name

DESIGN COLLECTIVE ARCHITECTURE INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

03-02-2000 90099 045 ***150.00

Principal Place of Business Mailing Address
 130 E. CHESTNUT ST.
 COLUMBUS OH 43215 130 E. CHESTNUT ST.
 COLUMBUS OH 43215-2543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **31-1186534** Applied For
 Not Applicable

Zip Country Zip Country

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

WIRTZ, MICHAEL
 345 W. PALMETTO PARK
 BOCA RATON FL 33432

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	DP PRES	<input type="checkbox"/> Delete
NAME	ROBAR, DAVID L	
STREET ADDRESS	130 E. CHESTNUT ST.	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAASE, JEFFREY L	
STREET ADDRESS	130 E. CHESTNUT ST.	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	Sec	<input type="checkbox"/> Delete
NAME	VALENTINE, ROBERT B	
STREET ADDRESS	130 E. CHESTNUT ST.	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	COOKE, DAVID F	
STREET ADDRESS	130 E. CHESTNUT ST.	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brennecke, Richard H.	
STREET ADDRESS	130 E. Chestnut Street	
CITY-ST-ZIP	Columbus, OH 43215	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this 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 another like empowered.

SIGNATURE: [Signature] Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)