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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT #	F980	0000	1607

1. Entity Name

CASTO CAPE CORAL CORPORATION



Principal Place of Business Mailing Address 4 4 V M ママエイ 209 EAST STATE STREET 209 EAST STATE STREET COLUMBUS OH 43215 COLUMBUS OH 43215 2. Principal Place of Business 3. Mailing Address 191 W NATIONWIDE BLVD 191 W NATIONWIDE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES SUITE 200 SUITE 200 4. FEI Number City & State City & State Applied For 31-1578525 COLUMBUS, OH COLUMBUS, OH Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 43215-2568 43215-2568 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROCKMAN, CHRISTOPHER C Street Address (P.O. Box Number is Not Acceptable) C/O HOLLAND & KNIGHT 200 S. ORANGE AVE STE., #2600 ORLANDO FL 32801 City Zin 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE TITLE ☐ Addition ☐ Delete Change CASTO III, DON M CASTO, DON M III NAME NAME 191 W NATIONWIDE BLVD, SUITE 200 209 EAST STATE STREET STREET ADDRESS STREET ADDRESS COLUMBUS, OH 43215-2568 COLUMBUS OH CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE VSD Delete ☐ Addition Change NAME BENSON III. FRANK S NAME BENSON III, FRANK S STREET ADDRESS 209 EAST STATE STREET STREET ADDRESS 191 W NATIONWIDE BLVD., SUITE 200 CITY-ST-ZIP COLUMBUS OH CITY-ST-ZIP COLUMBUS, OH 43215-2568 TITLE TITLE Change Delete ☐ Addition CASTO III, DON,M. CASTO III, DON M NAME NAME 209 EAST STATE STREET 191 W NATIONWIDE BLVD, SUITE 200 STREET ADDRESS STREET ADDRESS COLUMBUS, OH 43215-2568 CITY-ST-ZIP COLUMBUS OH CITY-ST-ZIP TITLE TITLE ☐ Delete K Change Addition HUTCHEN, BRETT NAME NAME HUTCHENS, BRETT 209 EAST STATE STREET 191 W NATIONWIDE BLVD, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP COLUMBUS OH CITY-ST-ZIP COLUMBUS, OH 43215-2568 ☐ Delete Change TITLE TITLE Addition LUKEMAN, PAUL G LUKEMAN, PAUL G NAME 191 W NATIONWIDE BLVD, SUITE 200 209 EAST STATE STREET STREET ADDRESS STREET ADDRESS COLUMBUS, OH 43215-2568 CITY-ST-ZIP COLUMBUS OH CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 supplier ental people 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 trusted 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.

CITY-ST-ZIP

SIGNATURE:

URE RECOONMICASTO, III