

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90029 008 \*\*\*150.00

**DOCUMENT # F98000003525**

1. Entity Name  
**AERC OF FLORIDA, INC.**

Principal Place of Business  
**5025 SWETLAND COURT**  
**RICHMOND HEIGHTS OH 44143**

Mailing Address  
**5025 SWETLAND COURT**  
**RICHMOND HEIGHTS OH 44143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**5025 Swetland Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Legal Dept.**

City & State

City & State

**Richmond Heights, OH**

Zip

Country

Zip

Country

**44143**

**USA**

4. FEI Number

**34-1867942**

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

**A.G.C., CO.**  
**SUNTRUST CENTER, SUITE 2300**  
**200 SOUTH ORANGE AVENUE**  
**ORLANDO FL 32801-3432**

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, 2002 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	FRIEDMAN, JEFFREY I	
STREET ADDRESS	5025 SWETLAND COURT	
CITY-ST-ZIP	RICHMOND HEIGHTS OH 44143	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FISHMAN, MARTIN A	
STREET ADDRESS	5025 SWETLAND COURT	
CITY-ST-ZIP	RICHMOND HEIGHTS OH 44143	
TITLE	V	<input type="checkbox"/> Delete
NAME	VOGT, LOUIS E	
STREET ADDRESS	5025 SWETLAND COURT	
CITY-ST-ZIP	RICHMOND HEIGHTS OH 44143	
TITLE	V.	<input type="checkbox"/> Delete
NAME	ZIELENIEC, NAN	
STREET ADDRESS	5025 SWETLAND CT	
CITY-ST-ZIP	RICHMOND HGT OH 44143	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FATICA, LOU	
STREET ADDRESS	5025 SWEETLAND CT	
CITY-ST-ZIP	RICHMOND HTS OH 44143	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUGHES, WILLIAM T JR.	
STREET ADDRESS	5025 SWETLAND CT	
CITY-ST-ZIP	RICHMOND HTS OH 44143	

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	
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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)(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:

*M. A. Fishman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlin A. Fishman, Vice President/Secretary

2/18/02

Date

216/797-8780

Daytime Phone #

CR2E034 (9/01)

*Attachment + Doc #*  
ADDITIONAL OFFICERS/DIRECTORS:

*F98000003525*

Title	D
Name	Zdolshek, Gary A.
Street Address	1111 Superior Avenue, Suite 900
City-St-ZIP	Cleveland, OH 44114

*4/18/03*