

# 2001 UNIFORM BUSINESS REPORT (UBR)

06668630

**DOCUMENT # F98000004057**

1. Entity Name  
**BOYKIN MIAMI II, INC.**

**FILED**

**01 APR 30 PM 1:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1500 GUILD HALL  
45 W. PROSPECT  
CLEVELAND OH 44115**

Mailing Address  
**1500 GUILD HALL  
45 W. PROSPECT  
CLEVELAND OH 44115**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **34-1920361**  
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, STE 2300  
200 S. 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.) (NOT) 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!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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	PAS	<input type="checkbox"/> Delete
NAME	BOYKIN, WILLIAM H	
STREET ADDRESS	45 W. PROSPECT	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOYKIN, CAROL B	
STREET ADDRESS	45 W. PROSPECT	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BOYKIN, ROBERT W	
STREET ADDRESS	45 W. PROSPECT	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYKIN, WILLIAM J	
STREET ADDRESS	45 W. PROSPECT	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BOYKIN, JOHN E	
STREET ADDRESS	45 W. PROSPECT	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> Delete
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**400004212344-4**  
**-05/11/01--01102--001**  
**\*\*\*1852.50 \*\*\*150.00**

**LS**  Change  Addition

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 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: John E. Boykin **John E. Boykin** **04/18/01** **(216) 430-1200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)