

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000930

1. Entity Name

BDB AGENT CO.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90007 002 \*\*\*150.00

Principal Place of Business

50 S. MAIN STREET, 10TH FLOOR  
AKRON OH 44308

Mailing Address

50 S. MAIN STREET, 10TH FLOOR  
AKRON OH 44308-1828

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  
52-2147401

APPLIED FOR

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

ZOBERMAN, SOLOMON  
4800 N. FEDERAL HIGHWAY, 104A  
BOCA RATON FL 33431

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 CP ☒ Delete  
NAME BRIGGS, ROBERT W  
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR  
CITY-ST-ZIP AKRON OH 44308

TITLE P/D ☐ Change ☒ Addition  
NAME George, Nicholas T.  
STREET ADDRESS 50 S. Main Street, 10th Floor  
CITY-ST-ZIP Akron, Ohio 44308

TITLE D ☐ Delete  
NAME ROSENTHAL, BRENT D  
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR  
CITY-ST-ZIP AKRON OH 44308

TITLE V ☐ Change ☒ Addition  
NAME O'Neill, William R.  
STREET ADDRESS 5551 Ridgewood Drive, Suite 201  
CITY-ST-ZIP Naples, Florida 34108

TITLE ST ☐ Delete  
NAME MALONE, ROBERT W  
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR  
CITY-ST-ZIP AKRON OH 44308

TITLE S/T/D ☒ Change ☐ Addition  
NAME Malone, Robert W.  
STREET ADDRESS 50 S. Main Street, 10th Floor  
CITY-ST-ZIP Akron, Ohio 44308

TITLE AS ☒ Delete  
NAME ALLAN, RONALD C  
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR  
CITY-ST-ZIP AKRON OH 44308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME AMIET, RALPH D  
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR  
CITY-ST-ZIP AKRON OH 44308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME BANAS, GARY A  
STREET ADDRESS 50 S. MAIN STREET, 10TH FLOOR  
CITY-ST-ZIP AKRON OH 44308

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert W. Malone*

Robert W. Malone

(330) 376-5300

Daytime Phone #

CR2E034 (9/99)