

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000004024**

1. Entity Name

FARMERS' MARKET DRIVE-IN SHOPPING CENTERS, INC.

Principal Place of Business

**209 EAST STATE STREET
COLUMBUS OH 43215**

Mailing Address

**209 EAST STATE STREET
COLUMBUS OH 43215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HUTCHENS, BRETT
7045 SOUTH TAMiami TRAIL
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	BENSON, FRANK S III	
STREET ADDRESS	209 EAST STATE STREET	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CASTO, DON M III	
STREET ADDRESS	209 EAST STATE STREET	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENSON, NANCY C	
STREET ADDRESS	209 EAST STATE STREET	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTO, WILLIAM G	
STREET ADDRESS	209 EAST STATE STREET	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORAN, ANN C	
STREET ADDRESS	209 EAST STATE STREET	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIBBELSMAN, NANCY B	
STREET ADDRESS	209 EAST STATE STREET	
CITY-ST-ZIP	COLUMBUS OH 43215	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

Frank S. Benson, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90323 033 ***150.00

130452



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-0654849

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)