

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006482

1. Entity Name

TEAM JO-ANN, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90404 027 ***150.00

Principal Place of Business

5555 DARROW ROAD
HUDSON OH 44236

Mailing Address

5555 DARROW ROAD
HUDSON OH 44236

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

34-1906285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCD			
	ROSSKAMM, ALAN	5555 DARROW ROAD	HUDSON OH 44236	
	VSD			
	ROSSKAMM, BETTY	5555 DARROW ROAD	HUDSON OH 44236	
	VD			
	CARNEY, BRIAN P	5555 DARROW ROAD	HUDSON OH 44236	
	TDAS			
	KERR, JAMES C	5555 DARROW ROAD	HUDSON OH 44236	
	VD			<input checked="" type="checkbox"/> Delete
	KERR, JAMES C	5555 DARROW ROAD	HUDSON OH 44236	
	V			
	TOMOFF, DONALD	5555 DARROW ROAD	HUDSON OH 44236	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	S, D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	David Balen	5555 Darrow Rd.	Hudson, OH 44236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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:

Donald R. Tomoff
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/99)