

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006482

1. Entity Name

TEAM JO-ANN, INC.

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90030 014 ***150.00

Principal Place of Business
5555 DARROW ROAD
HUDSON OH 44236

Mailing Address
5555 DARROW ROAD
HUDSON OH 44236

00057687



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 34-1906285		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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

(NO E 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSSKAMM, ALAN			NAME			
STREET ADDRESS	5555 DARROW ROAD			STREET ADDRESS			
CITY-ST-ZIP	HUDSON OH 44236			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSSKAMM, BETTY			NAME			
STREET ADDRESS	5555 DARROW ROAD			STREET ADDRESS			
CITY-ST-ZIP	HUDSON OH 44236			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARNEY, BRIAN P			NAME			
STREET ADDRESS	5555 DARROW ROAD			STREET ADDRESS			
CITY-ST-ZIP	HUDSON OH 44236			CITY-ST-ZIP			
TITLE	TDAS	<input type="checkbox"/> Delete		TITLE	V. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERR, JAMES C			NAME			
STREET ADDRESS	5555 DARROW ROAD			STREET ADDRESS			
CITY-ST-ZIP	HUDSON OH 44236			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	Balen, David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALEN, DAVID			NAME			
STREET ADDRESS	5555 DURREW RD			STREET ADDRESS			
CITY-ST-ZIP	HUDSON OH 44236			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	T, AS, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMOFF, DONALD			NAME			
STREET ADDRESS	5555 DARROW ROAD			STREET ADDRESS			
CITY-ST-ZIP	HUDSON OH 44236			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:

Donald R. Tomoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Tomoff

4/25/01
Date

(330) 656-2600
Daytime Phone #

CR2E034 (10/00)