

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50803

1. Entity Name

CORPOREX PROPERTIES OF ORLANDO, INC.

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

05-01-2000 90309 030 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 75020  
ATTN: CORPORATE SECRETARY  
CINCINNATI OH 45275

P.O. BOX 75020  
ATTN: CORPORATE SECRETARY  
CINCINNATI OH 45275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-1034831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT 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

(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 ☐ Delete

NAME BUTLER, WILLIAM P

STREET ADDRESS 625 EDEN PARK DR., STE 200

CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Delete

NAME BLACKHAM, WILLIAM J III

STREET ADDRESS 625 EDEN PARK DR., STE 200

CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Delete

NAME BAUMEISTER, WILLIAM P

STREET ADDRESS 255 S. ORANGE AVE., #1144

CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete

NAME CAIRNS, MYLES

STREET ADDRESS 625 EDEN PARK DRIVE., STE 200

CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Delete

NAME BUTLER, MARTIN C

STREET ADDRESS 50 E RIVERCENTER BLVD

CITY-ST-ZIP COVINGTON KY 41011

TITLE ☒ Delete

NAME SMITH, DREW

STREET ADDRESS 255 S. ORANGE AVE., #1144

CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 100 East Rivercenter Blvd, Ste 1100

CITY-ST-ZIP ~~Covington, KY 41011~~ ☒ Change ☐ Addition

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 100 East Rivercenter Blvd, Ste 1100

CITY-ST-ZIP ~~Covington, KY 41011~~ ☐ Change ☐ Addition

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 100 East Rivercenter Blvd, Ste 1100

CITY-ST-ZIP ~~Covington, KY 41011~~ ☐ Change ☐ Addition

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

Myles Cairns

4/14/2000

859-292-5507

Date

Daytime Phone #

CR2E034 (9/99)