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**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # M01524**

04-01-2002 90169 007 \*\*\*158.75

1. Entity Name  
**INDEPENDENCE VILLAGE, INC.**

Principal Place of Business  
**7826 COOPER RD  
CINCINNATI OH 45242  
US**

Mailing Address  
**7826 COOPER RD  
CINCINNATI OH 45242  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Grove at Lakeland Square  
Suite, Apt. #, etc.  
3570 U.S. Hwy 98 N.  
City & State  
Lakeland Florida  
Zip Country  
33809 U.S.A.**

3. Mailing Address  
**Grove at Lakeland Square  
Suite, Apt. #, etc.  
3570 U.S. Hwy 98 N.  
City & State  
Lakeland Florida  
Zip Country  
33809 U.S.A.**

4. FEI Number **59-2422880** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCGRATH, GREGORY K  
4561 GULF OF MEXICO DR  
#101  
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent  
**Barcap Realty Services Group, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
Grove at Lakeland Square  
3570 U.S. Hwy 98 N.  
City State Zip Code  
Lakeland FL 33809**

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 Mark L. Wilson, VP Mark L. Wilson, VP DATE 3/15/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PST MCGRATH, GREGORY K 7826 COOPER RD CINCINNATI OH</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Robert Astorino 3570 U.S. Hwy 98 N. Lakeland Florida 33809</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Mark L. Wilson 3570 U.S. Hwy 98 N. Lakeland FL 33809</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(f), 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: Mark L. Wilson, VP Mark L. Wilson, VP Date 3/15/02 Daytime Phone # 513 936 3408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)