

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90118 012 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # M49288**

1. Entity Name  
**FL-PEMBROKE, INC.**



Principal Place of Business  
**1050 TERMINAL TOWER  
50 PUBLIC SQ  
CLEVELAND, OH 44113 US**

Mailing Address  
**1050 TERMINAL TOWER  
50 PUBLIC SQ  
CLEVELAND, OH 44113 US**

**11028889**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**Terminal Tower**

3. Mailing Address  
**Terminal Tower**

Suite, Apt. #, etc.  
**50 Public Square, Suite 1160**

City & State  
**Cleveland, OH 44113**

City & State  
**Cleveland, Ohio 44113**

4. FEI Number  
**34-1597921**

Applied For  
☐ Not Applicable

Zip  
**US**

Country  
**US**

Zip  
**US**

Country  
**US**

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  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

**FILE NOW!! FEB IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PD** ☐ Delete  
NAME  
**MONCHEIN, ROBERT F**  
STREET ADDRESS  
**1050 TERMINAL TOWER, 50 PUBLIC SQ.**  
CITY-ST-ZIP  
**CLEVELAND, OH 44113**

TITLE  
**PD** ☒ Change ☐ Addition  
NAME  
**Robert F. Monchein**  
STREET ADDRESS  
**Terminal Tower, 50 Public Square,**  
CITY-ST-ZIP  
**Suite 1160, Cleveland, Ohio 44113**

TITLE  
**S** ☐ Delete  
NAME  
**MILLER, SAMUEL H**  
STREET ADDRESS  
**1050 TERMINAL TOWER, 50 PUBLIC SQ.**  
CITY-ST-ZIP  
**CLEVELAND, OH 44113**

TITLE  
**VTS** ☒ Change ☐ Addition  
NAME  
**Samuel H. Miller**  
STREET ADDRESS  
**Terminal Tower, 50 Public Square**  
CITY-ST-ZIP  
**Suite 1160**  
**Cleveland, Ohio 44113**

TITLE  
**VT** ☐ Delete  
NAME  
**MILLER, SAMUEL H**  
STREET ADDRESS  
**1050 TERMINAL TOWER, 50 PUBLIC SQ.**  
CITY-ST-ZIP  
**CLEVELAND, OH 44113**

TITLE  
**V** ☒ Change ☐ Addition  
NAME  
**Robert G. O'Brien**  
STREET ADDRESS  
**Terminal Tower, 50 Public Square**  
CITY-ST-ZIP  
**Suite 1160**  
**Cleveland, Ohio 44113**

TITLE  
**V** ☐ Delete  
NAME  
**O'BRIEN, ROBERT G**  
STREET ADDRESS  
**1050 TERMINAL TOWER, 50 PUBLIC SQ.**  
CITY-ST-ZIP  
**CLEVELAND, OH 44113**

TITLE  
**V** ☒ Change ☒ Addition  
NAME  
**Judith A. Wolfe**  
STREET ADDRESS  
**Terminal Tower, 50 Public Square**  
CITY-ST-ZIP  
**Suite 1160**  
**Cleveland, Ohio 44113**

TITLE  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 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

**Samuel H. Miller**  
**Vice President, Treasurer, 4/18/03**  
**Secretary**

Date

Daytime Phone #

CR2E034 (10/02)