

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90192 015 \*\*\*150.00

0847328 AT

**DOCUMENT # M77032**

1. Entity Name  
**GREEN COVE CO.**



Principal Place of Business  
**209 E. STATE ST.  
COLUMBUS OH 43215**

Mailing Address  
**209 E. STATE ST.  
COLUMBUS OH 43215**

2. Principal Place of Business  
**191 W NATIONWIDE BLVD**

3. Mailing Address  
**191 W NATIONWIDE BLVD**

Suite, Apt. #, etc.  
**SUITE 200**

Suite, Apt. #, etc.  
**SUITE 200**

City & State  
**COLUMBUS, OH**

City & State  
**COLUMBUS, OH**

Zip  
**43215-2568**

Country

Zip  
**43215-2568**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1244978**

Applied For  
Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYS ST  
STE 105  
TALLAHASSEE FL 32301**

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 signature required when reinstating) DATE

**FILE NOW!!! FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD CASTO, DON M., III 209 E. STATE ST. COLUMBUS OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD BENSON, FRANK S., III 209 E. STATE ST. COLUMBUS OH</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CASTO, WILLIAM G. 399 TAYLOR BLVD #103 PLEASANT HILL CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENSON, NANCY C 209 E STATE STREET COLUMBUS OH 43215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORAN, ANN C 209 E STATE STREET COLUMBUS OH 43215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WIBBELSMAN, NANCY B 209 E STATE STREET COLUMBUS OH 43215</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD CASTO, DON M III 191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD BENSON, FRANK S., IIIII 191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568</b>	<input checked="" 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	<b>D BENSON, NANCY C 191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORAN, ANNC 191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WIBBLESMAN, NANCY B 191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DON M. CASTO, III**

**4/23/03**

Date Daytime Phone #

CP2E034 (10/02)