

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026889 AF

DOCUMENT # M98000000248

1. Entity Name  
PIZZUTI HOLDINGS LLC

FILED

01 APR 10 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
250 EAST BROAD STREET - SUITE 1900  
COLUMBUS OH 43215

Mailing Address  
250 EAST BROAD STREET - SUITE 1900  
COLUMBUS OH 43215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1463587

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMBACK, KENNETH P  
C/O THE PIZZUTI COMPANIES  
255 SOUTH ORANGE AVE., SUITE 1350  
ORLANDO FL 32801

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
PIZZUTI EQUITIES, INC. ☒ Delete  
STREET ADDRESS 250 EAST BROAD STREET - SUITE 1900  
CITY-ST-ZIP COLUMBUS OH 43215

TITLE NAME President ☐ Change ☒ Addition  
Pizzuti, Ronald A.  
STREET ADDRESS 250 E. Broad Street, Suite 1900  
CITY-ST-ZIP Columbus, OH 43215

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME Secretary ☐ Change ☒ Addition  
Daley, Richard C.  
STREET ADDRESS 250 E. Broad Street, Suite 1900  
CITY-ST-ZIP Columbus, OH 43215

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME Treasurer ☐ Change ☒ Addition  
Cramer, James P.  
STREET ADDRESS 250 E. Broad Street, Suite 1900  
CITY-ST-ZIP Columbus, OH 43215

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAMES P CRAMER

Date

Daytime Phone #

CR2E083 (11/00)