

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90038 016 \*\*\*\*50.00

**DOCUMENT # M98000000248**

1. Entity Name

**PIZZUTI HOLDINGS LLC**

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)

**300 International Pkwy Ste 300**

City

**Heathrow**

**FL**

Zip Code

**32746**

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

**Ken Simback**

**4/20/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
 NAME **PIZZUTI, RONALD A**  
 STREET ADDRESS **250 EAST BROAD STREET - SUITE 1900**  
 CITY-ST-ZIP **COLUMBUS OH 43215**

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

TITLE **S** ☐ Delete  
 NAME **SALEY, RICHARD C**  
 STREET ADDRESS **250 EAST BROAD STREET - SUITE 1900**  
 CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE ☐ Change ☐ Addition  
 NAME **Daley, Richard C.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **CRAMER, JAMES P**  
 STREET ADDRESS **250 EAST BROAD STREET - SUITE 1900**  
 CITY-ST-ZIP **COLUMBUS OH 43215**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED**

**Treasurer**

**4/20/02**

**614.280.4100**

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

Date

Daytime Phone #

CR2E083 (9/01)