

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16849

1. Entity Name

BROTHERS PROPERTY CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90029 007 ***150.00

Principal Place of Business

C/O THOMAS E. MISCHELL
2 ALHAMBRA PLAZA SUITE 1280
MIAMI FL 33134
US

Mailing Address

%MISCHELL, THOMAS, E
ONE E FOURTH ST 8TH FLOOR
CINCINNATI OH 45202
US

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 **59-2840291**

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

LUBAN, KENNETH A.
31 OCEAN REEF DRIVE, SUITE C-300
KEY LARGO FL 33037

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FULLER, VICTOR L.	
STREET ADDRESS	2 ALHAMBRA PLAZA SUITE 1280	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUBAN, KENNETH A.	
STREET ADDRESS	31 OCEAN REEF DR C-300	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINTZ, ROBERT C.	
STREET ADDRESS	ONE E. FOURTH ST., 2ND FLOOR	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> Delete
NAME	MISCHELL, THOMAS E	
STREET ADDRESS	1 E 4TH ST., 8TH FLOOR	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	VONDERHAAR, DANIEL J	
STREET ADDRESS	ONE E FOURTH ST., 2ND FLOOR	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VDAS	<input type="checkbox"/> Delete
NAME	FULLER, STEPHEN M.	
STREET ADDRESS	2 ALHAMBRA PLAZA SUITE 1280	
CITY-ST-ZIP	MIAMI FL 33134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas E. Mischell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell
Vice President

4/17/2001

513 579-2171

Day

Daytime Phone #

CR2E034 (10/00)