

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90704 002 ***150.00

DOCUMENT # P16849
 1. Entity Name
BROTHERS PROPERTY CORPORATION

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

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, VICTOR L. 2 ALHAMBRA PLAZA SUITE 1280 MIAMI FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUBAN, KENNETH A. 31 OCEAN REEF DR C-300 KEY LARGO FL 33037	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTZ, ROBERT C. ONE E. FOURTH ST., 2ND FLOOR CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MISCHELL, THOMAS E 1 E 4TH ST., 8TH FLOOR CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONDERHAAR, DANIEL J ONE E FOURTH ST., 2ND FLOOR CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS FULLER, STEPHEN M. 2 ALHAMBRA PLAZA SUITE 1280 MIAMI FL 33134	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Treasurer Fred Runk One East Fourth Street Cincinnati, OH 45202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Marc L. Faust 2 Alhambra Plaza, Ste. 1280 Miami, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Ronald C. Hayes 580 Walnut Street Cincinnati, OH 45202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary James C. Kennedy One East Fourth Street Cincinnati, OH 45202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Thomas E. Mischell
Vice President 4/21/02 513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)