

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18747

1. Entity Name

ADMIRAL TOWING AND BARGE COMPANY

Principal Place of Business

Mailing Address

1800 TERMINAL TOWER  
CLEVELAND OH 44113-2204

1800 TERMINAL TOWER  
CLEVELAND OH 44113

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

34-1253891

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

GUREN, SHELDON B.  
1101 BRICKELL AE.  
STE. M100  
MIAMI FL 33131

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, 2000 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  
NAME RASMUS, RONALD C.  
STREET ADDRESS 32450 MEADOWLARK WAY  
CITY-ST-ZIP PEPPER PIKE OH ☐ Delete

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

TITLE V  
NAME SOGOR, GEORGE L.  
STREET ADDRESS 7587 EDGEWOOD LANE  
CITY-ST-ZIP SEVEN HILLS OH ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 6890 Hunting Lane  
CITY-ST-ZIP Independence, OH 44131

TITLE S  
NAME KOSLEN, JOEL M.  
STREET ADDRESS 191 TEAL TRACE  
CITY-ST-ZIP MAYFIELD HEIGHTS OH ☒ Delete

TITLE Secretary  
NAME Carolyn J. Oros  
STREET ADDRESS 1615 Wyandotte Ave  
CITY-ST-ZIP Lakewood, OH 44107 ☐ Change ☒ Addition

TITLE D  
NAME GUREN, SHELDON B.  
STREET ADDRESS 2000 S. BAYSHORE DR., #3  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 10 Edgewater Drive #14D  
CITY-ST-ZIP Coral Gables, FL 33133

TITLE D  
NAME TALLISMAN, ERNEST E.  
STREET ADDRESS 200 GLEN DRIVE  
CITY-ST-ZIP MORELAND HILLS OH ☐ Delete

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

TITLE D  
NAME KOROTOKY, PAMELA G.  
STREET ADDRESS 5222 RUSSELL STREET H26  
CITY-ST-ZIP TAMPA FL 33711 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN J OROS

Secretary

4-21-00

Date

216-621-4854

Daytime Phone #

CR2E034 (9/99)