

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90366 011 \*\*\*150.00

**DOCUMENT # P18747**

**1. Entity Name**  
**ADMIRAL TOWING AND BARGE COMPANY**

**Principal Place of Business**      **Mailing Address**  
**1800 TERMINAL TOWER**      **1800 TERMINAL TOWER**  
**CLEVELAND OH 44113-2204**      **CLEVELAND OH 44113-2204**

**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**      **Applied For**  
**34-1253891**      **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, 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**      **PD**      ☐ Delete  
**NAME**      **RASMUS, RONALD C.**  
**STREET ADDRESS**      **32450 MEADOWLARK WAY**  
**CITY-ST-ZIP**      **PEPPER PIKE OH**

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

**TITLE**      **V.**      ☐ Delete  
**NAME**      **SOGOR, GEORGE L.**  
**STREET ADDRESS**      **6890 HUNTING LANE**  
**CITY-ST-ZIP**      **INDEPENDENCE OH 44131**

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

**TITLE**      **S**      ☐ Delete  
**NAME**      **DRAS, CAROLYN J**  
**STREET ADDRESS**      **1615 WYANDOTTE AVE**  
**CITY-ST-ZIP**      **LAKEWOOD OH 44107**

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

**TITLE**      **D**      ☐ Delete  
**NAME**      **GUREN, SHELDON B.**  
**STREET ADDRESS**      **10 EDGEWATER DRIVE #140**  
**CITY-ST-ZIP**      **CORAL GABLES FL 33133**

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

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

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

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

**TITLE**      ☐ Change      ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)