

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90165 026 \*\*\*150.00

**DOCUMENT # P19143**

**1. Entity Name**  
**CARILLON MARKETING AGENCY, INC.**

**Principal Place of Business**

**Mailing Address**

**WAYCROSS ROAD**  
**OH 45240**

**1876 WAYCROSS ROAD**  
**CINCINNATI OH 45240-2825**

**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** **31-1235493**

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**

Name

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

City

**FL**

Zip Code

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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	<input type="checkbox"/> Delete
NAME	VASHOLZ, LOTHAR A.	
STREET ADDRESS	1876 WAYCROSS ROAD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEPPERS, MICHEAL C	
STREET ADDRESS	1876 WAYCROSS RD	
CITY-ST-ZIP	CINCINNATI OH 45240	
TITLE	SV	<input type="checkbox"/> Delete
NAME	WESTERBECK, DAVID F.	
STREET ADDRESS	1876 WAYCROSS ROAD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LABMEIER, JOHN F.	
STREET ADDRESS	1876 WAYCROSS ROAD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUCAS, JOHN M.	
STREET ADDRESS	1876 WAYCROSS ROAD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIKE, LARRY R.	
STREET ADDRESS	1876 WAYCROSS ROAD	
CITY-ST-ZIP	CINCINNATI OH	

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

*John M. Lucas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(513) 595-2632

Daytime Phone #