## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State

| DOCUMENT # P22943   |                                     |   |               |  |                   | Secretary of State   |                        |  |  |
|---|-------------------------------------|---|---------------|--|-------------------|--|------------------------|--|--|
| 1. Entity Name  |                                     |   |               |  |                   |  | •                      | 040 ***150.00  |  |
|   |                                     |   |               |  | A                 |  |                        |  |  |
| W O DETERMINE COMPANIES INC   |                                     |   |               |  |                   |  |                        |  |  |
| W.O. BRISBEN COMPANIES, INC.  Principal Place of Business  Mailing Address  |                                     |   |               |  |                   |  |                        |  |  |
| 2321 N.W. 33RD STREET #212 2321 N.W. 33RD STREET #212   |                                     |   |               |  |                   |  |                        |  |  |
| FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309   |                                     |   |               |  |                   |  |                        |  |  |
| 11. Historian, 11 33303 11. Historian, 12 30003   |                                     |   |               |  |                   | 100maa   | MÆ                     |  |  |
|   |                                     |   |               |  |                   | A00536   | 71                     | ,  |  |
| 2. Principal Place of Business 7800 EAST KEMPER RO.   |                                     | 3. Mailing Address<br>7800 EAST KEMPER ROAD |               |  |                   |  |                        |  |  |
| Suite, Apt. #, etc.   | 1111                                | Suite, Apt. #, etc.                         |               |  |                   | DO NOT WRITE IN TH   | IIS SPA                | .CE  |  |
|   |                                     |   |               |  |                   |  |                        |  |  |
| City & State  |                                     | City & State CINCINNATI, OH                 |               |  |                   | 4. FEI Number Applied For  |                        |  |  |
| CINCINNATI, OH  Zip Country   |                                     | <del></del>                                 |               | untry  | 31-1057510 Not Ap |  | Not Applicable         |  |  |
| 45249   |                                     | 45249                                       |               |  |                   | 5. Certificate of Status Desired Fee Required                                |                        | Required   |  |
| 6. Name and Address of Cu   | rrent Re                            | egistered Agent                             | Name          | 7. Name and Address of New Registered Agent        |                   |  |                        |  |  |
|   |                                     |   |               |  |                   |  |                        |  |  |
| ATKINSON, WILSON C III  |                                     |   |               | Street Address (P.O. Box Number is Not Acceptable) |                   |  |                        |  |  |
| C/O ATKINSON, DINER, STONE, ET. AL.   |                                     |   |               |  |                   |  |                        |  |  |
| 1946 TYLER STREET   |                                     | City  |               |  |                   | Zip Code   |                        |  |  |
| HOLLYWOOD, FL 33020   |                                     |   |               |  |                   |  |                        |  |  |
| 8. The above named entity submits this sta  | tement to                           | or the purpose of changir                   | ng its reg    | istered office                                     | e or register     | red agent, or both, in the State of Fig                                      | orida.                 |  |  |
|   |                                     |   |               |  |                   |  |                        |  |  |
| SIGNATURE   |                                     |   |               |  |                   |  |                        |  |  |
| Signature, typed or printed name  | of register                         | ed agent and title if applicab              | le. (         | NOTE: Regist                                       | ered Agent s      | ignature required when reinstating)  | DATE                   |  |  |
| 9. This corporation is eligible to satisfy its Intangible FILE NOWI!! FEE IS \$150.00   |                                     |   |               |  |                   | 40 Floation Compaign Figureina   |                        | <b>65.00</b>   |  |
| Tax filing requirement and elects to do so After MAY 1, 2000  |                                     |   |               |  |                   | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution.</li> </ol> |                        | \$5.00 May Be<br>Added to Fees                             |  |
| (See criteria on back)  | Make Check Payable to Department of |   |               |  | <u> </u>          |  |                        |  |  |
| 11. OFFICERS  DP  | AND DIF                             | RECTORS Delete                              | 12.           |  | DPST              | TIONS/CHANGES TO OFFICERS A  |                        | Change Addition  |  |
| NAME BRISBEN, WILI  | MAIL                                |   | NAMI          | - (  |                   | BEN, WILLIAM O   | لكيا                   | 6)   |  |
| STREET ADDRESS 2321 N.W. 339  | RD S                                | TREET #212                                  |               | ET ADDRESS   | 7800              | EAST KEMPER ROA  |                        | 034  |  |
| CITY-ST-ZIP FT. LAUDERDA  | <u>Ε,</u>                           | FL 33309                                    |               | · ST - ZIP   |                   | INNATI, OH 45249   |                        | Change Addition Addition Change Addition Addition Addition |  |
| TITLE DVP NAME SCHULER, ROBE  | ייים                                | Delete                                      | TITLE         |  | V                 |  | X                      | Change Addition 5  |  |
| STREET ADDRESS 7800 EAST KEN  |                                     |   |               | STREET ADDRESS                                     |                   |  |                        |  |  |
| CINCINNATI,   | <u>)H 4</u>                         | 5249  |               | - ST - ZIP   |                   | <u></u>  |                        |  |  |
| TITLE   |                                     | Delete                                      | TITLE<br>NAMI |  |                   |  | Ц                      | Change Addition  |  |
| NAME<br>STREET ADDRESS  |                                     |   |               | ET ADDRESS   |                   |  |                        |  |  |
| CITY - ST - ZIP   |                                     |   | CITY          | - ST - ZIP   |                   |  |                        |  |  |
| TITLE   |                                     | Delete                                      | TITLE         | i 1  |                   |  |                        | Change Addition  |  |
| NAME<br>STREET ADDRESS  |                                     |   | NAME          | ET ADDRESS   |                   |  |                        |  |  |
| CITY - ST - ZIP   |                                     |   | •             | - ST - ZIP   |                   |  |                        |  |  |
| TITLE   |                                     | Delete                                      | TITLE         |  |                   |  |                        | Change Addition  |  |
| NAME  |                                     |   | NAME          |  |                   |  |                        |  |  |
| STREET ADDRESS CITY - ST - ZIP  |                                     |   |               | ET ADDRESS<br>- ST - ZIP                           |                   |  |                        |  |  |
| TITLE   |                                     | Delete                                      | TITLE         |  |                   |  | <u></u>                | Change Addition  |  |
| NAME  |                                     |   | NAM           | 1  |                   |  |                        |  |  |
| STREET ADDRESS  |                                     |   |               | ET ADDRESS  <br>- ST - ZIP                         |                   |  |                        | ,  |  |
| CITY - ST - ZIP   | or with                             | this filing does not qualifi                |               |  | ated in Sec       | tion 119 07(3)(i) Florida Statutes 1   | further o              | certify that the   |  |
| 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 change or on an attachment with an address, with all other like empowered.   |                                     |   |               |  |                   |  |                        |  |  |
|   |                                     |   |               |  |                   |  |                        |  |  |
| SIGNATURE: SIGNATURE AND  | TYPED (                             | OR PRINTED NAME OF SIG                      |               |  |                   | Date (   | ンエ <u>ン)</u><br>Daytir | me Phone #   |  |