

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90218 036 ***150.00

337400



DO NOT WRITE IN THIS SPACE

DOCUMENT # P27228

1. Entity Name
FRANCIS DAVID CORPORATION

Principal Place of Business
5005 ROCKSIDE ROAD, PH 100
INDEPENDENCE OH 44131

Mailing Address
5005 ROCKSIDE ROAD, PH 100
INDEPENDENCE OH 44131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1569688

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: WEILAND, FRANCIS J | <input type="checkbox"/> | NAME: | <input type="checkbox"/> |
| STREET ADDRESS: 3502 SE 19TH PLACE | | STREET ADDRESS: | |
| CITY-ST-ZIP: CAPE CORAL FL | | CITY-ST-ZIP: | |
| NAME: WEILAND, MARGARET S. | <input type="checkbox"/> | NAME: | <input type="checkbox"/> |
| STREET ADDRESS: 3502 SE 19TH PLACE | | STREET ADDRESS: | |
| CITY-ST-ZIP: CAPE CORAL FL | | CITY-ST-ZIP: | |
| TITLE: PD | <input type="checkbox"/> | TITLE: | <input type="checkbox"/> |
| NAME: RAHILLY, JOHN A. | | NAME: | |
| STREET ADDRESS: 250 SENLAC HILLS | | STREET ADDRESS: | |
| CITY-ST-ZIP: CHAGRIN FALLS OH | | CITY-ST-ZIP: | |
| NAME: | <input type="checkbox"/> | NAME: | <input type="checkbox"/> |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | CITY-ST-ZIP: | |
| NAME: | <input type="checkbox"/> | NAME: | <input type="checkbox"/> |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | CITY-ST-ZIP: | |
| NAME: | <input type="checkbox"/> | NAME: | <input type="checkbox"/> |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | 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: *Francis David Corporation*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

Date Daytime Phone #

CR2E034 (9/01)