

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90058 036 ***158.75

DOCUMENT # P31522

1. Entity Name

EQUITY PLANNING HOLDING COMPANY

Principal Place of Business

23200 CHAGRIN BLVD
BLDG 1 SUITE 102
BEACHWOOD OH 44122
US

Mailing Address

23200 CHAGRIN BLVD
BLDG 1 SUITE 102
BEACHWOOD OH 44122-5402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1394844**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

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 State10. 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 **REINBERG, RICHARD D.**
STREET ADDRESS **2003 N OCEAN BLVS SUITE 1502**
CITY-ST-ZIP **BOCA RATON FL**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VTD** ☐ Delete
NAME **WEINGART, NED S.**
STREET ADDRESS **2491 MARLBORO ROAD**
CITY-ST-ZIP **CLEVELAND HTS OH**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **KRANTZ, BYRON S.**
STREET ADDRESS **ONE CLEVELAND CENTER, 1375 E 9TH STREET**
CITY-ST-ZIP **CLEVELAND OH**TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
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:

NED S. WEINGART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**VICE PRESIDENT****JAN. 17 2000**

Date

216/595-0780

Daytime Phone #