

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90073 017 \*\*\*158.75

UBR, SS  
A1

**DOCUMENT # P31522**

1. Entity Name

**EQUITY PLANNING HOLDING COMPANY**

Principal Place of Business

~~2200 CHAGRIN BLVD~~  
~~BEACHWOOD OH 44122~~  
~~US~~

Mailing Address

~~2200 CHAGRIN BLVD~~  
~~BEACHWOOD OH 44122~~  
~~US~~

2. Principal Place of Business

**3355 RICHMOND ROAD**

Suite, Apt. #, etc.

**SUITE 231A**

City & State

**BEACHWOOD, OH**

Zip  
**44122**

Country  
**USA**

3. Mailing Address

**3355 RICHMOND ROAD**

Suite, Apt. #, etc.

**SUITE 231A**

City & State

**BEACHWOOD, OH**

Zip  
**44122**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**34-1394844**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINBERG, RICHARD D. <del>1780 SHELBOURNE ROAD</del> <del>CLEVELAND HTS. OH 44118</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WEINGART, NED S. <del>2491 MARLBORO ROAD</del> <del>CLEVELAND HTS. OH</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRANTZ, BYRON S. ONE CLEVELAND CENTER, 1375 E 9TH STREET CLEVELAND OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2003 N. OCEAN BLVD., #1502 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17480 SHELBOURNE ROAD CLEVELAND HTS., OH 44118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 PRES.

JAN. 8, 2002

Date

(216) 595-0780

Daytime Phone #

CR2E034 (9/01)