## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P34091** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name LODESTONE REALTY MANAGEMENT, INC. 04-26-2000 90094 033 \*\*\*150.00 Principal Place of Business Mailing Address 4026 LIGHT HOLLSE LANE 4029 LIGHTHOUSE LN NAPLES FL 34112 NAPLES FL 34112 US 2. Principal Place of Business 3. Mailing Address 4029 LIGHTHOUSE LN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 31-1326257 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD Change TITLE ☐ Delete TITLE HOOVER, R LARRY NAME STREET ADDRESS STREET ADDRESS 41 SOUTH HIGH STREET CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43215 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LIEBERSBACH, JOHN NAME NAME STREET ADDRESS 41 SOUTH HIGH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COLUMBUS OH ☐ Change ☐ Addition TITLE Delete TITLE NAME VANFLEET, JOHN NAME STREET ADDRESS STREET ADDRESS 41 SOUTH HIGH STREET CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH ☐ Chance ☐ Addition TITLE ☐ Delete TITLE **GRIMM, W THOMAS** NAME NAME STREET ADDRESS STREET ADDRESS 4029 LIGHTHOUSE LN CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Change ☐ Addition ☐ Delete TITLE TITLE HANSON, SUSAN NAME STREET ADDRESS 41 SOUTH HIGH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS 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: