

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35736

1. Entity Name

CPX REALTY INVESTMENT SERVICES CORP.

Principal Place of Business

P.O. BOX 75020
CINCINNATI OH 45275

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275-0020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1201162

Applied For

Not Applicable

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

BAUMEISTER, WILLIAM F
255 S ORANGE AVE #1144
ORLANDO FL 32801

The registered agent was changed to CT Corporation System
1200 South Pine Island Road, Plantation Florida- 33324
on January 18, 2000

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 date 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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REBECCA RETTENMAIER 50 E RIVERCENTER BLVD, STE 1200 COVINGTON KY 41011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUTLER, WILLIAM P 50 E. RIVERCENTER, #1200 COVINGTON KY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS E BANTA 50 E RIVERCENTER BLVD #260 COVINGTON KY 41011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACKHAM, J W 50 E RIVERCENTER BLVD #1200 COVINGTON KY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASS MALOTT, ELVA A 50 E RIVERCENTER BLVD #1200 COVINGTON KY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROVK, DALE W 50 E RIVERCENTER BLVD #260 COVINGTON KY 41011 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 E Rivercenter Blvd, Ste 1100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pres, Director, Chrm of Board & Treasurer 100 E Rivercenter Blvd, Ste 1100 Covington KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 E Rivercenter Blvd, Ste 1100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice Pres, Director 100 E Rivercenter Blvd, Ste 1100 Covington KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 E Rivercenter Blvd, Ste 1100 Covington KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP and Secretary Myles Cairns 100 E Rivercenter Blvd, Ste 1100 Covington, KY 41011

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

859-292-5507

Date

Daytime Phone #

04-26-2000 90069 021-15

CR2E034 (9/99)