

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37334

1. Entity Name

CORPOREX REALTY & INVESTMENT CORPORATION

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90107 027 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275

P.O. BOX 75020
CINCINNATI OH 45275-0020

2. Principal Place of Business

3. Mailing Address

c/o Corporate Secretary

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 75020

City & State

City & State

Cincinnati OH

Zip

Country

Zip

Country

45275-0020

4. FEI Number

61-0670372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

Susan J. Metz
Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

04/19/2000

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

☒ Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BUTLER, WILLIAM P**
CITY-ST-ZIP **50 E. RIVER CENTER BL,12**
COVINGTON KY

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BLACKHAM, J. WILLIAM**
CITY-ST-ZIP **50 E. RIVER CENTER BL,12**
COVINGTON KY

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **MARLOTT, ELVA**
CITY-ST-ZIP **50 E. RIVER CENTER BL,12**
COVINGTON KY

TITLE ☒ Delete
NAME **PCD**
STREET ADDRESS **WILLIAM P BUTLER**
CITY-ST-ZIP **50 E RIVERCENTER BLVD**
COVINGTON KY 41011

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **BROUK, DALE W**
CITY-ST-ZIP **50 E RIVERCENTER BLVD**
COVINGTON KY 41011

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BANTA, THOMAS E**
CITY-ST-ZIP **50 E RIVER CENTER BLVD SUITE 1200**
COVINGTON KY 41011

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PTD**
STREET ADDRESS **100 E Rivercenter Blvd, Ste 1100**
CITY-ST-ZIP **Covington KY 41011**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **100 E Rivercenter Blvd, Ste 1100**
CITY-ST-ZIP **Covington KY 41011**

TITLE ☒ Change ☐ Addition
NAME **Malott, Elva**
STREET ADDRESS **100 E Rivercenter Blvd, Ste 1100**
CITY-ST-ZIP **Covington KY 41011**

TITLE ☐ Change ☒ Addition
NAME **VS**
STREET ADDRESS **Cairns, Myles**
CITY-ST-ZIP **100 E Rivercenter Blvd, Ste 1100**
Covington KY 41011

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **100 E Rivercenter Blvd, Ste 1100**
CITY-ST-ZIP **Covington KY 41011**

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **100 E Rivercenter Blvd, Ste 1100**
CITY-ST-ZIP **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:

Myles Cairns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Myles Cairns, Secretary

4/19/2000

859-292-5507

Date

Daytime Phone #

CF 1004 (0/0/0)