

2001 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # P37334

1. Entity Name

CORPOREX REALTY & INVESTMENT CORPORATION -

Principal Place of Business

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275

P.O. BOX 75020
CINCINNATI OH 45275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Name CT Corporation System

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, 2001, 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	P	<input type="checkbox"/> Delete
NAME	BUTLER, WILLIAM P	
STREET ADDRESS	50 E. RIVER CENTER BL, 12	
CITY - ST - ZIP	COVINGTON KY	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLACKHAM, J. WILLIAM	
STREET ADDRESS	50 E. RIVER CENTER BL, 12	
CITY - ST - ZIP	COVINGTON KY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARLOTT, ELVA	
STREET ADDRESS	50 E. RIVER CENTER BL, 12	
CITY - ST - ZIP	COVINGTON KY	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	WILLIAM P BUTLER	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY - ST - ZIP	COVINGTON KY 41011	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROUK, DALE W	
STREET ADDRESS	50 E RIVERCENTER BLVD	
CITY - ST - ZIP	COVINGTON KY 41011	
TITLE	V	<input type="checkbox"/> Delete
NAME	BANTA, THOMAS E	
STREET ADDRESS	50 E RIVER CENTER BLVD SUITE 1200	
CITY - ST - ZIP	COVINGTON KY 41011	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E RiverCenter Blvd, Ste 1100	
CITY - ST - ZIP	Covington KY 41011	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E RiverCenter Blvd, Ste 1100	
CITY - ST - ZIP	Covington KY 41011	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malott, Elva	
STREET ADDRESS	100 E RiverCenter Blvd, Ste 1100	
CITY - ST - ZIP	Covington KY 41011	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanne Schroer	
STREET ADDRESS	100 E RiverCenter Blvd, Ste 1100	
CITY - ST - ZIP	Covington KY 41011	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E RiverCenter Blvd, Ste 1100	
CITY - ST - ZIP	Covington KY 41011	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Elva Malott, Asst Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elva Malott, Asst Secretary

4/5/2001

859-292-5507

Date

Daytime Phone #

FILED

01 APR 26 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

04/18/01 90044 108 18000
4. FEI Number 61-0670372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Attachment for 2001 Uniform Business Report (UBR)
for
Corporex Realty & Investment Corporation

Title	D
Name	Daniel Fay
Street Address	50 East RiverCenter Blvd, Ste 600
City-St-ZIP	Covington KY 41011