

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002511

1. Entity Name

CPX-WESTSHORE CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90210 026 ***150.00

Principal Place of Business

BOX 75020
CINCINNATI OH 45275

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275-0020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Corporate Secretary

Suite, Apt. #, etc.

P. O. Box 75020

City & State

Cincinnati OH

Zip

45275-0020

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3162758

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

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

Susan J. Metz
Signature, typed or printed name of registered agent and title if applicable

Susan J. Metz

Assistant Secretary

4/19/2000

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

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 | DPT BUTLER, WILLIAM P 50 E. RIVER CENTER BLVD COVINGTON KY 41011 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DANIEL T FAY 50 E RIVERCENTER BLVD #260 COVINGTON KY 41011 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BLACKHAM, J. WILLIAM III 50 E. RIVERCENTER BLVD., #1200 COVINGTON KY 41011 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BROUK, DALE W 50 E RIVERCENTER BLVD #260 COVINGTON KY 41011 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MARTIN C BUTLER 50 E RIVERCENTER BLVD #260 COVINGTON KY 41011 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASS MALOTT, ELVA A. 50 E. RIVER CENTER BLVD #1200. COVINGTON KY | <input 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 type="checkbox"/> Change <input type="checkbox"/> Addition 100 E Rivercenter Blvd, Ste 1100 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Cairns, Myles 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 50 E Rivercenter Blvd, Ste 1400 |
| 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 |

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 #

CR2E034 (9/99)