

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90116 021 ***158.75

DOCUMENT # P93000013129

1. Entity Name
PORT EVERGLADES CORP.

Principal Place of Business

28601 CHAGRIN BLVD.
 SUITE 550
 CLEVELAND OH 44122

Mailing Address

28601 CHAGRIN BLVD.
 SUITE 550
 CLEVELAND OH 44122

2. Principal Place of Business

6095 PARKLAND BLVD
 Suite, Apt. #, etc.
 #300

3. Mailing Address

6095 PARKLAND BLVD
 Suite, Apt. #, etc.
 #300

City & State
 MAYFIELD HTS, OH

City & State
 MAYFIELD HTS, OH

Zip
 44124

Country
 USA

Zip
 44124

Country
 USA

4. FEI Number
 65-0405249

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
 2300 SUN BANK CENTER
 ORLANDO FL

7. Name and Address of New Registered Agent

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 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!!! FEES \$150.00
 (After May 1, 2002, 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

TITLE D ☐ Delete
 NAME HORVITZ, RICHARD A.
 STREET ADDRESS 28601 CHAGRIN BLVD., #550
 CITY-ST-ZIP CLEVELAND OH 44122

TITLE D ☐ Delete
 NAME HORVITZ, JEFFREY E.
 STREET ADDRESS 28601 CHAGRIN BLVD., #550
 CITY-ST-ZIP CLEVELAND OH 44122

TITLE P ☐ Delete
 NAME POLZIN, MARK F.
 STREET ADDRESS 28601 CHAGRIN BLVD. STE 550
 CITY-ST-ZIP CLEVELAND OH

TITLE S ☐ Delete
 NAME ROENBAUGH, CAROL L.
 STREET ADDRESS 28601 CHAGRIN BLVD, STE 550
 CITY-ST-ZIP CLEVELAND OH

TITLE T ☒ Delete
 NAME STEINBOCK, MARK A.
 STREET ADDRESS 28601 CHAGRIN BLVD, SUITE 550
 CITY-ST-ZIP CLEVELAND OH

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
 NAME RICHARD A HORVITZ
 STREET ADDRESS 6095 PARKLAND BLVD #300
 CITY-ST-ZIP MAYFIELD HTS, OH 44124

TITLE D ☒ Change ☐ Addition
 NAME JEFFREY E. HORVITZ
 STREET ADDRESS 6095 PARKLAND BLVD #300
 CITY-ST-ZIP MAYFIELD HTS, OH 44124

TITLE P ☒ Change ☐ Addition
 NAME MARK F. POLLIN
 STREET ADDRESS 6095 PARKLAND BLVD #300
 CITY-ST-ZIP MAYFIELD HTS, OH 44124

TITLE S ☒ Change ☐ Addition
 NAME CAROL L. ROENBAUGH
 STREET ADDRESS 6095 PARKLAND BLVD #300
 CITY-ST-ZIP MAYFIELD HTS, OH 44124

TITLE T ☐ Change ☒ Addition
 NAME MARK F. POLZIN
 STREET ADDRESS 6095 PARKLAND BLVD #300
 CITY-ST-ZIP MAYFIELD HTS, OH 44124

TITLE ☐ Change ☐ Addition
 NAME
 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 440-995-5200

Date

Daytime Phone #

CP2F034 (9/01)