

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90006 040 ***150.00

DOCUMENT # P93000085093

1. Entity Name

BROTHERS PORT RICHEY CORPORATION

Principal Place of Business

2699 SOUTH BAYSHORE DR.
 MIAMI FL 33133

Mailing Address

C/O THOMAS E. MISCHELL
 ONE EAST FOURTH STREET
 CINCINNATI OH 45202-3717

2. Principal Place of Business

2 Alhambra Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 1280

City & State

Coral Gables, FL

City & State

Zip

Zip

33134

Country

Country

4. FEI Number

65-0474499

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

LUBAN, KENNETH A
31 OCEAN REEF DRIVE
SUITE C-300
KEY LARGO FL 33037

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!!! 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	DP FULLER, VICTOR L 2699 SOUTH BAYSHORE DRIVE 800E MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RUNK, FRED J ONE EAST FOURTH STREET CINCINNATI OH 45202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FULLER, STEPHEN M 2699 SOUTH BAYSHORE DRIVE 800E MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MISCHELL, THOMAS E ONE EAST FOURTH STREET CINCINNATI OH 45202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUBAN, KENNETH A 31 OCEAN REEF DRIVE SUITE C-300 KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FAUST, MARC L. 2699 SOUTH BAYSHORE DRIVE 800E MIAMI FL 33133	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Alhambra Plaza, Suite 1280 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Alhambra Plaza, Suite 1280 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Alhambra Plaza, Suite 1280 Coral Gables, FL 33134

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:

Thomas E. Mischell

Thomas E. Mischell, Vice President

4/29/2000

513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)