

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085093

1. Entity Name

BROTHERS PORT RICHEY CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90029 026 ***150.00

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

2. Principal Place of Business

2 Alhambra Plaza

Suite, Apt. #, etc.
Suite 1280

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

4. FEI Number **65-0474499**

Applied For
Not Applicable

Zip

33134

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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's 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/6/2001

513 579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)