

2001 UNIFORM BUSINESS REPORT (UBR)

0668-003

DOCUMENT # P94000038259

1. Entity Name

CORNERSTONE PARTNERS XXVIII, INC.

FILED

01 APR 30 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7800 E. KEMPER RD.
CINCINNATI OH 45249

7800 E. KEMPER RD.
CINCINNATI OH 45249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3314258

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ATKINSON, DINER, STONE, BLACK & MANKUTA
1946 TYLER ST.
HOLLYWOOD FL 33022

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.
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

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

Carol Record
Assistant Secretary

DATE

4-27-01

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 ST ☐ Delete
NAME BRISBEN, W.O.
STREET ADDRESS 7800 E. KEMPER RD.
CITY-ST-ZIP CINCINNATI OH 45249

TITLE ☐ Change ☐ Addition
NAME 500004136835--3
STREET ADDRESS -05/04/01--01078--012
CITY-ST-ZIP *****150.00 *****150.00

TITLE VP ☐ Delete
NAME SCHULER, ROBERT E
STREET ADDRESS 7800 E KEMPER RD
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert E. Schuler, VP 4/24/01 (513) 469-5113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)