

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009394

1. Entity Name

STERLING BANGROUP, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90054 003 ***155.00

Principal Place of Business

1189 HYPOLUXO ROAD
LANTANA FL 33462
US

Mailing Address

1189 HYPOLUXO ROAD
LANTANA FL 33462-4221
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1428066

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

BEVELIS, GEORGE A
1189 HYPOLUXO ROAD
LANTANA FL 33462

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	DVP	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD O	
STREET ADDRESS	7275 WEST PIKE	
CITY-ST-ZIP	ZANESVILLE OH 43701	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	BEVELIS, GEORGE A	
STREET ADDRESS	52 EAST 15TH STREET	
CITY-ST-ZIP	COLUMBUS OH 43201	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MALAS, ERNIE	
STREET ADDRESS	5124 RIVERSIDE DRIVE	
CITY-ST-ZIP	COLUMBUS OH 43220	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOLDNESS, I.D.	
STREET ADDRESS	215 BAILYSHANNON STREET, B502	
CITY-ST-ZIP	MELBOURNE FL 32951	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SOLOMON, SANFORD	
STREET ADDRESS	68 SOUTH 4TH STREET	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JAMES J	
STREET ADDRESS	1189 HYPOLUXO ROAD	
CITY-ST-ZIP	LANTANA FL 33462	

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 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICALLEF, MICHAEL A., JR	
STREET ADDRESS	1189 HYPOLUXO ROAD	
CITY-ST-ZIP	LANTANA FL 33462	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

Date

614-291-2002

Daytime Phone #

CR2E034 (9/99)