

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90023 037 ***150.00

DOCUMENT # P95000009394

1. Entity Name
STERLING BANCGROUP, INC.

Principal Place of Business

**1189 HYPOLUXO ROAD
 LANTANA FL 33462
 US**

Mailing Address

**1189 HYPOLUXO ROAD
 LANTANA FL 33462
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**BEVELIS, GEORGE A
 1189 HYPOBUXO ROAD
 LANTANA FL 33462**

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 _____ (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, 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	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	BAVELIS, GEORGE A	
STREET ADDRESS	52 EAST 15TH AVENUE	
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 BALLYSHANNON STREET B502	
CITY-ST-ZIP	MELBOURNE BEACH 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 type="checkbox"/> Delete
NAME	MICALLEF, MICHAEL A JR	
STREET ADDRESS	1189 HYPOLUXO ROAD	
CITY-ST-ZIP	LANTANA FL 33462	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clarkson, Peter	
STREET ADDRESS	3030 Scioto Estates Court	
CITY-ST-ZIP	Columbus, OH 43221	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason, Robert	
STREET ADDRESS	135 Yacht Club Way #204	
CITY-ST-ZIP	Hypoluxo, 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		

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: *George A. Bavelis* **George A. Bavelis** **614-989-8222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)