

2001 UNIFORM BUSINESS REPORT (UBR)

0665745

DOCUMENT # P96000041639

1. Entity Name

CORKSCREW LAND INVESTMENT, INC.

FILED

01 MAY -1 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

700 TERMINAL TOWER
50 PUBLIC SQ
CLEVELAND OH 44113
US

700 TERMINAL TOWER
50 PUBLIC SQ
CLEVELAND OH 44113
US

2. Principal Place of Business

3. Mailing Address

1160 Terminal Tower

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

50 Public Square

City & State

City & State

Cleveland OH

Zip

Country

Zip

Country

44113

US

4. FEI Number

34-1835636

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

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	T	<input type="checkbox"/> Delete
NAME	MILLER, SAMUEL H	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RATNER, CHARLES A	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	P	<input type="checkbox"/> Delete
NAME	RATNER, JAMES A	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS C	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARUE, DAVID	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Layton McCown	
STREET ADDRESS	1100 Terminal Tower, 50 Public Sq.	
CITY-ST-ZIP	Cleveland, OH 44113	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 216-216-6060

CR2E034 (10/00)