

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060553

1. Entity Name

CORPOREX OCP CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90309 031 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 75020
 CINCINNATI OH 45275

P.O. BOX 75020
 CINCINNATI OH 45275-0020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

c/o Corporate Secretary
 Suite, Apt. #, etc.
 P.O. Box 75020

City & State

City & State
 Cincinnati OH

Zip

Country

Zip
 45275-0020

Country

4. FEI Number 59-3394828

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCKMAN, CHRISTOPHER C
 2 SOUTH ORANGE AVENUE
 ORLANDO FL 32801

Name
 CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road
 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 Susan J. Metz **Susan J. Metz** Assistant Secretary **CT Corporation System** 4/19/2000
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	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROUK, DALE W		NAME	Cairns, Myles	
STREET ADDRESS	2509 INVESTORS ROW		STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP	Covington-KY 41011	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, BILL		NAME	100 E Rivercenter Blvd, Ste 1100	
STREET ADDRESS	2509 INVESTORS ROW		STREET ADDRESS	Covington, KY 41011	
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J WILLIAM BLACKHAM III		NAME	100 E Rivercenter Blvd, Ste 1100	
STREET ADDRESS	2509 INVESTORS ROW		STREET ADDRESS	Covington KY 41011	
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS E BANTA		NAME	100 E Rivercenter Blvd, Ste 1100	
STREET ADDRESS	2509 INVESTORS ROW		STREET ADDRESS	Covington KY 41011	
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREW A SMITH		NAME	Malott, Elva	
STREET ADDRESS	2509 INVESTORS ROW		STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP	Covington KY 41011	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN C BUTLER		NAME	50 E Rivercenter Blvd, Ste 1400	
STREET ADDRESS	2509 INVESTORS ROW		STREET ADDRESS	Covington KY 41011	
CITY-ST-ZIP	ORLANDO FL 32824		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: Myles Cairns **SIGNATURE REQUIRED** 4/19/2000 859-292-5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Myles Cairns, Secretary

CR2E034 (9/99)