

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101198

1. Entity Name

THRUComm, INC.

Principal Place of Business

Mailing Address

100 2ND AVE S
SUITE 901
ST PETERSBURG FL 33701
US

100 2ND AVE S
SUITE 901
ST. PETERSBURG FL 33701
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 59-3415131

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

KOLENDA, JOHN F
100 2ND AVE S
SUITE 901
ST. PETERSBURG FL 33701

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, 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 C ☐ Delete
NAME KOLENDA, JOHN F.
STREET ADDRESS 100 2ND AVE S, #901
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE Director ☒ Change ☐ Addition
NAME John F. Kolenda
STREET ADDRESS 100 2nd Ave S, #901
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE P ☐ Delete
NAME GIANINNI, MARK J.
STREET ADDRESS 100 2ND AVE S, #901
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE Director ☒ Change ☐ Addition
NAME Joseph F. Bert
STREET ADDRESS 2180 West St Rd 434 #1150
CITY-ST-ZIP Longwood, FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME R. Brandon Harrison
STREET ADDRESS 52 Bluegrass Court (Ranch at Cordillera)
CITY-ST-ZIP Edwards, CO 81632

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Chairman ☐ Change ☒ Addition
NAME Robert S. Pirie
STREET ADDRESS 1221 Avenue of the Americas
CITY-ST-ZIP New York, NY 10020

TITLE Director ☐ Delete ☒ Addition
NAME Elaine Healy
STREET ADDRESS One Rockefeller Plaza
CITY-ST-ZIP New York, NY 10020

TITLE Director ☐ Change ☒ Addition
NAME Z. David Patterson
STREET ADDRESS 250 E. 5th St., 1100 Chiquita Center
CITY-ST-ZIP Cincinnati, OH 45202

TITLE Director ☐ Delete ☒ Addition
NAME J. Jeffrey Braunsch
STREET ADDRESS 203 Court St.
CITY-ST-ZIP Medina, OH 44256

TITLE Director ☐ Change ☒ Addition
NAME Vincent Rinaldi
STREET ADDRESS 1023 W. 8th St.
CITY-ST-ZIP Cincinnati, OH 45203

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

Mark Gianinni 1-8-01 727 821 2300

Date

Daytime Phone #

CR2E034 (10/00)

0356285

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90085 034 ***150.00

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DO NOT WRITE IN THIS SPACE