

# 2001 UNIFORM BUSINESS REPORT (UBR)

0566408

DOCUMENT # P97000021616

1. Entity Name

W. O. BRISBEN COMPANIES WEST, INC.

Principal Place of Business

Mailing Address

7800 EAST KEMPER RD  
CINCINNATI OH 45249

7800 EAST KEMPER RD  
CINCINNATI OH 45249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATKINSON, WILSON III, ESQ  
1946 TYLER STREET  
%ATKINSON, DINER, STONE ET AL  
HOLLYWOOD FL 33022-2088

Name **GT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1000 S. Pine Island Rd**  
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 *Carol Record*  
Signature, typed or printed name of registered agent and title if applicable.

**Carol Record**  
Assistant Secretary  
(NOTE: Signature required when constituting)

**4-27-01**  
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 **DPS** ☐ Delete  
NAME **BRISBEN, WILLIAM O**  
STREET ADDRESS **7800 E. KEMPER RD**  
CITY-ST-ZIP **CINCINNATI OH 45249**

TITLE **700004136827** ☐ Change ☐ Addition  
NAME **-05/04/01--01078--007**  
STREET ADDRESS **\*\*\*\*150.00 \*\*\*\*150.00**  
CITY-ST-ZIP

TITLE **DVT** ☐ Delete  
NAME **SCHULER, ROBERT E**  
STREET ADDRESS **7800 E KEMPER RD**  
CITY-ST-ZIP **CINCINNATI OH 45249**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

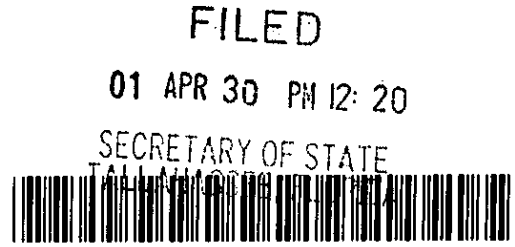
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Robert E. Schuler* **Robert E. Schuler, VP** 4/24/01 (513) 469-5113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)