

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90285 037 ***150.00

A0053674

DOCUMENT # P97000021623

1. Entity Name
W.O. BRISBEN COMPANIES SOUTH, INC.

Principal Place of Business **Mailing Address**
2321 N.W. 33RD STREET #212 2321 N.W. 33RD STREET #212
FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309

2. Principal Place of Business **3. Mailing Address**
7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
CINCINNATI, OH CINCINNATI, OH

Zip **Country** **Zip** **Country**
45249 45249

4. FEI Number **Applied For**
65-0735148 ☐ **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
ATKINSON, WILSON C III
C/O ATKINSON, DINER, STONE, ET. AL.
1946 TYLER STREET
HOLLYWOOD, FL 33020

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRISBEN, WILLIAM O	
STREET ADDRESS	2321 N.W. 33RD STREET #212	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCHULER, ROBERT E	
STREET ADDRESS	7800 EAST KEMPER ROAD	
CITY - ST - ZIP	CINCINNATI, OH 45249	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISBEN, WILLIAM O	
STREET ADDRESS	7800 EAST KEMPER ROAD	
CITY - ST - ZIP	CINCINNATI, OH 45249	
TITLE	DVT	<input checked="" 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		
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:

Robert E. Schuler

ROBERT E. SCHULER

4/25/00 (513) 489-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #