

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034582

1. Entity Name

TLC OF FLORIDA, INC.

FILED

May 13, 2000 8:00 am
Secretary of State

05-13-2000 90043 003 ***150.00

Principal Place of Business

Mailing Address

2000 UNIVERSAL STUDIOS PLAZA
ORLANDO FL 32819-7606

2000 UNIVERSAL STUDIOS PLAZA
ORLANDO FL 32819-7608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3412452

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, MONIQUE L
4329 PINE BARK AVENUE
ORLANDO FL 32811

Name
Smith, Monique L.

Street Address (P.O. Box Number is Not Acceptable)

981 BEACH BREEZE DRIVE

City ORLANDO

FL

Zip Code 32835

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 A. Meinhardt*
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 C
NAME ACH II, ROGER W
STREET ADDRESS 425 WALNUT STREET SUITE #2300
CITY-ST-ZIP CINCINNATI OH 45202 ☐ Delete

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

TITLE S
NAME MEINHARDT
STREET ADDRESS 425 WALNUT STREET
CITY-ST-ZIP CINCINNATI OH 45202 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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: x *Carol A. Meinhardt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/28/00 x 513.721-3900
Date Daytime Phone #

CR2E034 (9/99)