

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90107 023 ***158.75

DOCUMENT # P97000055212

1. Entity Name
TELANTIS GROUP CORPORATION

Principal Place of Business
%ADAM MEYERSON
12511 WORLD PLAZA LANE
FT. MYERS FL 33907
US

Mailing Address
%ADAM MEYERSON
12511 WORLD PLAZA LANE
FT. MYERS FL 33907
US

2. Principal Place of Business
2180 IMMOKALEE RD

3. Mailing Address
2180 IMMOKALEE RD

Suite, Apt. #, etc.
SUITE 311

Suite, Apt. #, etc.
SUITE 311

City & State
NAPLES FLORIDA

City & State
NAPLES FLORIDA

Zip
34110

Country
USA

Zip
34110

Country
USA

4. FEI Number **65-0781989**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ACCIPITER II, INC.
12511 WORLD PLAZA LANE
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name
ACCIPITER II CORP
 Street Address (P.O. Box Number is Not Acceptable)
2180 IMMOKALEE RD
SUITE 311
 City
NAPLES FL Zip Code
34110

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 *Gerald J. Gabriel* **Pres** **4/8/02**
Signature of the corporation and name of registered agent and title and date (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERSON, ROBERT F 12511 WORLD PLAZA LANE FT. MYERS FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS ELIZABETH, MURPHY S 12511 WORLD PLAZA LANE FT. MYERS FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DYER, RICHARD W 12511 WORLD PLAZA LANE FORT MYERS FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MYERSON, DAVID W 12511 WORLD PLAZA LANE FORT MYERS FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT F. MEYERSON 791 WYE RD AKRON, OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GERALD J. GABRIEL 791 WYE RD AKRON, OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC VP, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALEX L. CSIDLER 791 WYE RD AKRON, OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC VP, ASST S., D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GREGORY J. CHAMBERS 791 WYE RD AKRON, OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gerald J. Gabriel* **Pres** **4/8/02** **(330) 666-6380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)