

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

0648157 AT

DOCUMENT # P97000068699

1. Entity Name

RIVER PLACE, INC.



Principal Place of Business

7800 E. KEMPER ROAD
CINCINNATI OH 45249
US

Mailing Address

7800 E. KEMPER ROAD
C/O CAROL ANN CARDELLA
CINCINNATI OH 45249
US

2. Principal Place of Business

9494 Lake View Dr

Suite, Apt. #, etc.

3. Mailing Address

9494 Lake View Dr

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Loveland Ohio

Zip 45140

Country

City & State

Loveland Ohio

Zip

45140

Country

4. FEI Number

58-2333388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, ROBERT N

1903 SOUTH 25TH STREET

SUITE #200

FORT PIERCE FL 34947

7. Name and Address of New Registered Agent

Name Dean Mead Services, LLC

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

800 N. Magnolia Avenue, Suite 1500

City Orlando

FL

Zip Code 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SCHULER, ROBERT E
STREET ADDRESS 7800 E. KEMPER ROAD
CITY-ST-ZIP CINCINNATI OH 35249 ☒ Delete

TITLE DVS
NAME BRISBEN, WILLIAM O
STREET ADDRESS 7800 E. KEMPER ROAD
CITY-ST-ZIP CINCINNATI OH 45249 ☐ Delete

TITLE DV
NAME CARDELLA, CAROL ANN
STREET ADDRESS 7800 E. KEMPER ROAD
CITY-ST-ZIP CINCINNATI OH 45249 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D P
NAME CAROL ANN CARDELLA
STREET ADDRESS 9494 Lake View Dr.
CITY-ST-ZIP Loveland, Ohio 45140 ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CAROL A. CARDELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(513) 489-1990

CR2E034 (10/02)