## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2000 8:00 am Secretary of State DOCUMENT # p97000104820 1. Entity Name 05-15-2000 90285 034 \*\*\*150.00 BRISBEN SANTA FE, 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 A0053677 3. Mailing Address 2. Principal Place of Business 7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CINCINNATI. CINCINNATI, 65-0808187 Not Applicable Zìp Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired 45249 45249 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ATKINSON, WILSON C III C/O ATKINSON, DINER, STONE, ET. AL. 1946 TYLER STREET Zio Code HOLLYWOOD, FL 33020 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) DPS Change Addition ππe TITLE Delete BRISBEN, WILLIAM O NAME BRISBEN WILLIAM O NAME STREET ADDRESS 7800 EAST KEMPER ROAD STREET ADDRESS 2321 N.W. 33RD STREET #212 CITY - ST - ZIP CITY - ST - ZIP LAUDERDALE, FL 33309 CINCINNATI, OH 45249 X Change ΠΠF DVT Addition TITLE Delete NAME NAME SCHULER, ROBERT E STREET ADDRESS STREET ADDRESS 7800 EAST KEMPER ROAD CITY - ST - ZIP CITY - ST - ZIP CINCINNATI, OH 45249 TITLE X Addition Delete Change TITLE NAME WOJCIECHOWSKI, MICHAEL NAME STREET ADDRESS STREET ADDRESS 327 SWARTHMORE AVENUE CITY - ST - ZIP CITY - ST - ZIP PACIFIC PALISADES, CA 9027 Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filling 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 changes on an attachment with an address, with all other like empowered.

ROBERT E.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCHULER

FILED

4/25/00 (513)489-1990

Daytime Phone #

SIGNATURE: