

2001 UNIFORM BUSINESS REPORT (UBR)

0566384

DOCUMENT # P97000104820

1. Entity Name

BRISBEN SANTA FE, INC.

Principal Place of Business

7800 EAST KEMPER ROAD
CINCINNATI OH 45249

Mailing Address

7800 EAST KEMPER ROAD
CINCINNATI OH 45249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0808187

Applied For

Not Applicable

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

ATKINSON, WILSON C III
C/O ATKINSON, DINER, STONE, ET. AL.
1946 TYLER STREET
HOLLYWOOD FL 33022-2088

Name CIT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1800 S. Pine Island Rd.
City Plantation FL Zip Code 33324

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

Carol Record
Assistant Secretary

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, 2001 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 DP
NAME BRISBEN, WILLIAM O
STREET ADDRESS 2321 N.W. 33RD STREET #212
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000004136800-08
-05/04/01--01065--009
****150.00 ****150.00

TITLE DVP
NAME SCHULER, ROBERT E
STREET ADDRESS 7800 EAST KEMPER ROAD
CITY-ST-ZIP CINCINNATI OH 45249

TITLE
NAME
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CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED

01 APR 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE