

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082397

1. Entity Name

RESERVE OHIO MANAGEMENT COMPANY

Principal Place of Business

3200 STATE ROAD 546  
UNIT 3165  
HAINES CITY FL 33844

Mailing Address

% ACT-I  
2017 TIFFIN AVE  
FINDLAY OH 45840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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

TITLE P  
NAME ROBINSON, WILLIAM J  
STREET ADDRESS 3200 STATE ROAD 546  
CITY-ST-ZIP HAINES CITY FL 33844

☐ Delete

TITLE S  
NAME ROBINSON, ANGELA  
STREET ADDRESS 2319 FOXFIRE LANE  
CITY-ST-ZIP FINDLEY OH 45840

☐ Delete

TITLE T  
NAME TISKO, RHONDA  
STREET ADDRESS 120 CHALLENGER CIRCLE  
CITY-ST-ZIP PATASKALA OH 43062

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP FINDLAY

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: X

*Angela Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

Date

4194230713

Daytime Phone #

FILED  
Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90019 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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