

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90032 003 ***158.75

DOCUMENT # S74887

1. Entity Name

CONSOLIDATED MANAGEMENT PROPERTIES, INC.

Principal Place of Business

501 116th Avenue North
St. Petersburg, FL 33716

Mailing Address

24500 Chagrin Blvd. #200
Beachwood, Ohio 44122

425298

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3079775

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Risman, William B.
501 116th Avenue North
St. Petersburg, FL 33716

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

February 28, 2002

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 State10. 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	PTD	<input type="checkbox"/> Delete
NAME	Risman, Robert R.	
STREET ADDRESS	24500 Chagrin Blvd. #200	
CITY-ST-ZIP	Beachwood, OH 44122	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	Risman, William B.	
STREET ADDRESS	24500 Chagrin Blvd. #200	
CITY-ST-ZIP	Beachwood, Ohio 44122	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Risman, Robert G.	
STREET ADDRESS	24500 Chagrin Blvd. #200	
CITY-ST-ZIP	Beachwood, Ohio 44122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

William B. Risman, Chairman of the Board

SIGNATURE:

February 28, 2002

(216) 464-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

District Phone #

CR2E034 (11/00)