

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90054 035 ***150.00

DOCUMENT # V54558

1. Entity Name

PATRIOT SQUARE, INC.

Principal Place of Business

Mailing Address

815 SUPERIOR AVENUE
 SUITE 1625
 CLEVELAND OH 44114
 US

DEGRANDIS & DEGRANDIS, CPA
 C/O JOSEPH DEGRANDIS, 815 SUPERIOR AV 1625
 CLEVELAND OH 44114
 US

LUU17300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0349044

Applied For

Not Applied

Zip

Country

Zip

Country

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

VOGEL, JAMES D ESQ.

**3936 TAMiami-TRAIL N., #B
 NAPLES FL 34103**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CURTIS, JOYCE M**
 STREET ADDRESS **3300 GULF SHORE BLVD N**
 CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **DST** ☐ Delete
 NAME **DEGRANDIS, JOSEPH V JR.**
 STREET ADDRESS **815 SUPERIOR AVE. #1625**
 CITY-ST-ZIP **CLEVELAND OH 44103**

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

TITLE **DPVP** ☐ Delete
 NAME **MANCUSO, MICHAEL A.**
 STREET ADDRESS **6990 NORVALE CIR.**
 CITY-ST-ZIP **GATES MILLS OH 44040**

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 24 2000 210-771