

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70165

1. Entity Name

LAUDCO, INC.

Principal Place of Business

191 E MILLER AVE  
AKRON OH 44301-1344

Mailing Address

P O BOX 869  
AKRON OH 44309-0869

2. Principal Place of Business

3. Mailing Address

1315 S. Cleveland - Massillon Rd. P O Box 14870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Copley, OH 10

Zip 44321-2175

Country USA

City & State

Copley, OH 10

Zip 44321-4870

Country USA

4. FEI Number

65-0364138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VLASSIS, DENNIS K  
1415 S FEDERAL HWY  
BOYNTON BEACH FL 33435-6003

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, 2000 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          | CD                       | <input type="checkbox"/> Delete |
| NAME           | GRAVES, HAROLD E JR      |                                 |
| STREET ADDRESS | 191 E MILLER AVE         |                                 |
| CITY-ST-ZIP    | AKRON OH 44301-1344      |                                 |
| TITLE          | PSD                      | <input type="checkbox"/> Delete |
| NAME           | GRAVES, S K              |                                 |
| STREET ADDRESS | 404 CRYSTAL LAKE RD      |                                 |
| CITY-ST-ZIP    | AKRON OH 44333-1712      |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | VLASSIS, DENNIS          |                                 |
| STREET ADDRESS | 8525 BONITA ISLE DR      |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33467-5532 |                                 |
| TITLE          | TD                       | <input type="checkbox"/> Delete |
| NAME           | O'NEILL, PATRICK         |                                 |
| STREET ADDRESS | 1246 DEARBORN DRIVE      |                                 |
| CITY-ST-ZIP    | AKRON OH 44313-6722      |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | GRAVES, R S              |                                 |
| STREET ADDRESS | 56 RELAXED CIRCLE        |                                 |
| CITY-ST-ZIP    | HYPOLUXO FL 33462-6026   |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          |                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                   |  |
| STREET ADDRESS | 1315 S. Cleveland - Massillon Rd. |  |
| CITY-ST-ZIP    | Copley, OH 44321-2175             |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                   |  |
| STREET ADDRESS | 6019 N. OCEAN BLVD.               |  |
| CITY-ST-ZIP    | OCEAN Ridge, FL 33435-5207        |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| 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)(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 to an address, with all other like empowered.

SIGNATURE: 

H. E. Graves, Jr. Chairman of the Board

1-26-00

(330) 666-1115

Date

Daytime Phone #

FILED  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90073 037 \*\*\*150.00

911864



DO NOT WRITE IN THIS SPACE