

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90141 042 \*\*\*\*61.25

**DOCUMENT # N99000001565**

1. Entity Name

**JANE FRIEDMAN ANSPACH FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

~~405 MADISON STREET, SUITE 2100  
 TOLEDO OH 43604~~

~~405 MADISON STREET, SUITE 2100  
 TOLEDO OH 43604~~

2. Principal Place of Business

**535 E. Front St.**

3. Mailing Address

**535 E. Front St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Perrysburg Ohio**

City & State

**Perrysburg Ohio**

Zip

**43551**

Country

**USA**

Zip

**43551**

Country

**USA**

4. FEI Number

**58-2462405**

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

**O'CONNOR, DANIEL P. J**  
**ENGLISH, MCCAUGHAN & O'BRYAN, P.A.**  
**100 NE THIRD AVENUE, SUITE 1100**  
**FORT LAUDERDALE FL 33301**

Name **Daniel P. J O'Connor**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Brinkley McInerney Morgan Schwab & Tator**  
**200 East Las Vegas Blvd Suite 1900**  
 City **Ft Lauderdale** State **FL** Zip Code **33301**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ANSPACH, JANE FRIEDMAN	<del>405 MADISON STREET, SUITE 2100</del>	<del>TOLEDO OH 43604</del>	<input type="checkbox"/>
D	ANSPACH, ROBERT M	<del>405 MADISON STREET, SUITE 2100</del>	<del>TOLEDO OH 43604</del>	<input type="checkbox"/>
D	FRIEDMAN, ROBERT G	<del>405 MADISON STREET, SUITE 2100</del>	<del>TOLEDO OH 43604</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>535 E. Front St.</b>	<b>Perrysburg Ohio 43551</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>535 E. Front St.</b>	<b>Perrysburg Oh 43551</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>535 E. Front St.</b>	<b>Perrysburg Ohio 43551</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE

*Jane Friedman Anspach*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**3/10/02 419-874-9997**  
 DATE DAYTIME PHONE #

CR2E037 (9/01)