

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0847325  
AT

DOCUMENT # **P40805**

1. Entity Name  
**PIZZUTI REALTY OF FLORIDA, INC.**



FILED

03 APR 18 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 250 E. BROAD STREET SUITE 1900 COLUMBUS OH 43215	Mailing Address 250 E. BROAD STREET SUITE 1900 COLUMBUS OH 43215
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2. Principal Place of Business <i>Two Miranova</i> Suite, Apt. #, etc. <i>Ste 800</i>	3. Mailing Address <i>Two Miranova</i> Suite, Apt. #, etc. <i>Ste 800</i>
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number <b>31-1360044</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SIMBACK, KENNETH P**  
300 INTERNATIONAL PKWY STE 300  
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name *NATIONAL CORPORATE RESEARCH*  
Street Address (P.O. Box Number is Not Acceptable) *103 NORTH MERIDIAN ST. Level 1000*  
City *Tallahassee* FL Zip *32301*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James P. Cramer* DATE *1-20-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PIZZUTI, RONALD A</b> 250 E BRAND ST STE 1900 COLUMBUS OH 43215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>DALEY, RICHARD C</b> 250 EAST BROAD ST., SUITE 1900 COLUMBUS OH 43215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRAMER, JAMES P</b> 250 E. BROAD ST., SUITE 1900 COLUMBUS OH 43215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Two Miranova Ste 800</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Two Miranova Ste 800</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Two Miranova Ste 800</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700017842177</b> <b>05/01/03--01076--001</b> <b>**150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 provided 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 10 or Block 11 if I am, or on an attachment with an address, with all other like employees.

SIGNATURE: *James P. Cramer* **SIGNATURE REQUIRED** DATE *1/9/03* DAYTIME PHONE # *614.280.4000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CF2E034 (10/02)