

12261  
**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90118 022 \*\*\*150.00

0647839 AT

**DOCUMENT # P96000032576**

1. Entity Name  
**F.C. EMERALD PALMS, INC.**



Principal Place of Business  
**730 TERMINAL TOWER  
50 PUBLIC SQ  
CLEVELAND OH 44113  
US**

Mailing Address  
**730 TERMINAL TOWER  
50 PUBLIC SQ  
CLEVELAND OH 44113  
US**

2. Principal Place of Business  
**1160 Terminal Tower**

Suite, Apt. #, etc.  
**50 Public Square**

City & State  
**Cleveland, Ohio**

Zip  
**44113**

Country  
**US**

3. Mailing Address  
**1160 Terminal Tower**

Suite, Apt. #, etc.  
**50 Public Square**

City & State  
**Cleveland, Ohio**

Zip  
**44113**

Country  
**US**



**XX** CHECK HERE IF MAKING CHANGES

4. FEI Number **34-1837963**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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 \$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>D RATNER, RONALD A. 1100 TERMINAL TOWER, 50 PUBLIC SQ CLEVELAND OH 44113</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRADY, JAMES T 1100 TERMINAL TOWER, 50 PUBLIC SQ CLEVELAND OH 44113</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LEVEY, DAVID J 1100 TERMINAL TOWER, 50 PUBLIC SQ CLEVELAND OH 44113</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SMITH, THOMAS G. 1100 TERMINAL TOWER, 50 PUBLIC SQ. CLEVELAND OH 44113</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MILLER, SAMUEL H. 1100 TERMINAL TOWER, 50 PUBLIC SQ CLEVELAND OH 44113</b> <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	<b>DP Ronald A. Ratner 1160 Terminal Tower 50 Public Square Cleveland, Ohio 44113</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V James T. Brady 1160 Terminal Tower 50 Public Square Cleveland, Ohio 44113</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V David J. Levey 1160 Terminal Tower 50 Public Square Cleveland, Ohio 44113</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Thomas G. Smith 1160 Terminal Tower 50 Public Square Cleveland, Ohio 44113</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Samuel H. Miller 1160 Terminal Tower 50 Public Square Cleveland, Ohio 44113</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV James J. Prohaska 1160 Terminal Tower 50 Public Square Cleveland, Ohio 44113</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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 empowered.

**SIGNATURE:** James J. Prohaska  
**Executive Vice President**

**4/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)