



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/02/2025	202512104158	UNINCORPORATED NONPROFIT ASSOC AGENT APPOINTMENT (UNO)	25.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

BUCKEYE TRAIL HIGH SCHOOL ALUMNI
ATTN: CATHY HOLT
64393 RANGE RD
LORE CITY, OH 43755

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5402182

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BUCKEYE TRAIL HIGH SCHOOL ALUMNI

and, that said business records show the filing and recording of:

Document(s)

UNINCORPORATED NONPROFIT ASSOC AGENT APPOINTMENT

Effective Date: 05/01/2025

Document No(s):

202512104158



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
2nd day of May, A.D. 2025.

Ohio Secretary of State

Form 580 Prescribed by:



For screen readers, follow instructions located at this path.

INSTRUCTIONS

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 1/2 x 11 paper.
- Double sided paper will be rejected.
- Information must be typed.
- Illegible forms will be rejected

MAIL TO

Regular Service:
P.O. Box 670
Columbus, OH 43216
OR
Expedite Service:
P.O. Box 1390
Columbus, OH 43216

Agent Notification Form for Unincorporated Nonprofit Associations
Filing Fee: \$25
Form Must Be Typed

(1) ☒ Original Appointment of Agent (191-UNO)

(2) ☐ Change of Address of Agent (144-UNA)

(3) ☐ Resignation of Agent (153-UNR)

(4) ☐ Revocation and Appointment of New Agent (171-UNS)

Name of Unincorporated Nonprofit Association

Buckeye Trail High School Alumni

Registration No. (if previously registered)

If box (1) is checked above, please complete the following information

Name and Address of Agent

Cathy A Holt 64393 Range Rd Lore City OH. 43755

Name of Statutory Agent

Cathy A Holt 64393 Range Rd

Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

Lore City

City

OH

State

43755

ZIP Code

Acceptance of Appointment

The Undersigned, Cathy A Holt, named herein as the
(Name of Statutory Agent)

Statutory agent for Buckeye Trail High School Alumni
(Name of Business Entity)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature Cathy A. Holt
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

Complete the information in this section if box (2) is checked.**New Address of Agent**Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

City

OH

State

ZIP Code

Complete the information in this section if box (3) is checked.

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current of last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City

State

ZIP Code

Complete the information in this section if box (4) is checked.

The above-named entity revokes the appointment of:

And hereby appoints the following:

Name of Current Statutory Agent

Name and Address of New Agent

Name of Statutory Agent

Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

City

OH

State

ZIP Code

Acceptance of Appointment

The Undersigned,

(Name of Statutory Agent)

, named herein as the

Statutory agent for

(Name of Business Entity)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent notification must be signed by a person authorized to manage the affairs of the unincorporated nonprofit association.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Cathy A. Holt

Signature

By (if applicable)

Cathy A. Holt

Print Name

Signature

By (if applicable)

Print Name