

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005974

1. Entity Name

ALLSTATE MANAGEMENT CORP.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90027 027 \*\*\*150.00

Principal Place of Business  
4300 HADDONFIELD RD., STE. 314  
PENNSAUKEN NJ 08109

Mailing Address  
4300 HADDONFIELD RD., STE. 314  
PENNSAUKEN NJ 08109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-2194844

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

MUNROE, W. BRADLEY ESQ.  
239 E. VIRGINIA ST.  
TALLAHASSEE FL 32301

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME LOVE, DONALD N  
STREET ADDRESS 1909 COUNTRY CLUB DR.  
CITY-ST-ZIP CHERRY HILL NJ 08003

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
ZALKIND, STEVEN  
STREET ADDRESS 201 MT. LAUREL RD.  
CITY-ST-ZIP MOORESTOWN NJ 08057

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
ROSE, CHARLINE  
STREET ADDRESS 10 AARON CT.  
CITY-ST-ZIP CHERRY HILL NJ 08002

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
BORUCKI, STANLEY E  
STREET ADDRESS 18 CAROL JOY RD.  
CITY-ST-ZIP MEDFORD NJ 08055

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley E. Borucki

Tusame

Date

3/29/01

Daytime Phone #

856-662-1176

CR2E034 (10/00)