

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002722

1. Entity Name

PENN/CENTRAL CORPORATION

Principal Place of Business

Mailing Address

916 SOUTH 14TH STREET
HARRISBURG PA 17104

916 SOUTH 14TH STREET
HARRISBURG PA 17104-3425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DONAGHER JR, DONALD C
1005 DIAMONDHEAD WAY
PALM BEACH FL 33418

4. FEI Number

23-2470030

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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.

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMPLIN, RICHARD S 916 SOUTH 14TH STREET HARRISBURG PA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DONAGHER JR, DONALD C 1005 DIAMOND HEAD WAY PALM BEACH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12.

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

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90101 013 ***150.00

809188



DO NOT WRITE IN THIS SPACE

1/18/00 888-821-4200
Date Daytime Phone #