## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # F98000002158 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name PA GROUP, INC. 04-13-2000 90032 047 \*\*\*158.75 Principal Place of Business Mailing Address 1755 OREGON PIKE PO BOX 5200 **LANCASTER PA 17606-5200** LANCASTER PA 17601 2. Principal Place of Business 3. Mailing Address 2101 Oregon Pike Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 300 Applied For City & State City & State 4. FEI Number 23-2957607 Lancaster, PA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 17601 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Timothy S. Shaw, Esq. WOLFF, PHILLIP A ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 720 SOUTH ORANGE AVENUE 720 South Orange Avenue SARASOTA FL 34236 Zip Code Sarasota 34236 Uppose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statem Timothy S. Shaw, Esquire 3/17/00 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD P/Asst. Sec./D **T**AChange Addition TITLE TITLE ☐ Delete FISHER, J H JR J. H. Fisher, Jr. NAME NAME STREET ADDRESS 1755 OREGON PIKE STREET ADDRESS 2101 Oregon Pike, Suite 300 CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA\_17601 Lançaster, PA 17601 ☐ Change XAddition ... **X**Delete TITLE TITLE JORDAN, DENNIS W NAME Dona L. Fisher 1755 OREGON PIKE STREET ADDRESS STREET ADDRESS 2101 Oregon Pike, Suite 300 CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17601 Lancaster, PA 17601 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 on 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 exprovered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

GNAYORE AND TYPED OR PRINTED NAME OF SIGNING FREETOR OR DIRECTOR

[]J. H. Fisher, Jr. 3/

3/20/00

717-519-2000

CR2E034 (9/99

Daytime Phone #