

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001182**

1. Entity Name

JOHN J. GHAZNAVI FOUNDATION, INC.

Principal Place of Business

**3140 WILLIAM FLINN HWY.
ALLISON PARK PA 15101**

Mailing Address

**3140 WILLIAM FLINN HWY.
ALLISON PARK PA 15101**

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

25-1752687

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

**ANCHOR GLASS CONTAINER CORPORATION
4343 ANCHOR PLAZA PARKWAY
TAMPA FL 33634**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input type="checkbox"/> Delete
NAME	GHAZNAVI, JOHN J	
STREET ADDRESS	3140 WILLIAM FLINN HWY.	
CITY-ST-ZIP	ALLISON PARK PA 15101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GHAZNAVI, TONI L	
STREET ADDRESS	3140 WILLIAM FLINN HWY.	
CITY-ST-ZIP	ALLISON PARK PA 15101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	CONNELLY, PATRICK T	
STREET ADDRESS	3140 WILLIAM FLINN HWY.	
CITY-ST-ZIP	ALLISON PARK PA 15101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, C. KENT	
STREET ADDRESS	600 GRANT ST., 44TH FL.	
CITY-ST-ZIP	PITTSBURGH PA 15219	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input type="checkbox"/> Delete
NAME	PAULOVICH, DARLENE R	
STREET ADDRESS	3140 WILLIAM FLINN HWY.	
CITY-ST-ZIP	ALLISON PARK PA 15101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	GUTQWSKI, DAVID T	
STREET ADDRESS	3140 WILLIAM FLINN HWY.	
CITY-ST-ZIP	ALLISON PARK PA 15101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90039 027 *****61.25

00035724



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)