

2002 UNIFORM BUSINESS REPORT (UBR)

0137475 AB

DOCUMENT # F95000003180

1. Entity Name
THE DANNA CO. OF OHIO

FILED

02 OCT -7 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2055 THOMASVILLE RD
TALLAHASSEE FL 32312
US

Mailing Address

630 PENFIELD AVE
HAVERTOWN PA 19083
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 34-0767993

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAGUIRE, VOORHIS & WELLS, P.A.
SUNBANK CENTER, SUITE 3000
200 S. ORANGE AVE.
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PSTD
NAME WEINBERGER, MARVIN
STREET ADDRESS 630 PENFIELD AVE
CITY-ST-ZIP HAVERTOWN PA 19083 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000008316100-00
-10/11/02--01003--002
****550.00 ****550.00 ☐ Change ☐ Addition

TITLE C
NAME WEINBERGER, MARVIN
STREET ADDRESS 630 PENFELD AVE
CITY-ST-ZIP HAVERTOWN PA 19083 ☐ Delete

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

TITLE DC
NAME WEINBERGER, BRUCE
STREET ADDRESS PESTALOZZI STRASSE 26
CITY-ST-ZIP 79540 LORRACH STETTEN GERMAN ☐ Delete

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

TITLE D
NAME WEINBERGER, STANLEY
STREET ADDRESS 3808 WHITLAND AVE.
CITY-ST-ZIP NASHVILLE TN 37205 ☐ Delete

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

TITLE D
NAME WEINBERGER, ROZANNA
STREET ADDRESS APT. 1111, 2350 BROADWAY
CITY-ST-ZIP NEW YORK NY 10024 ☐ Delete

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

TITLE V
NAME EPSTEIN, HAROLD R
STREET ADDRESS 630 PENFELD AVE
CITY-ST-ZIP HAVERTOWN PA 19083 ☐ Delete

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

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: *Joseph M. Wallington*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/02

215-238-8450

Date

Daytime Phone #

CR2E034 (4/02)