

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001250

1. Entity Name

GNC FRANCHISING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90078 022 ***150.00

Principal Place of Business

Mailing Address

300 SIXTH AVENUE
ATTN: TAX DEPT
PITTSBURGH PA 15222
US

300 SIXTH AVENUE
ATTN: TAX DEPT
PITTSBURGH PA 15222-2514
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1560212

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HORN, JERRY D	
STREET ADDRESS	239 CHERRYDALE DRIVE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	WATTS, WILLIAM E	
STREET ADDRESS	119 WITHEROW ROAD	
CITY-ST-ZIP	SEWICKLEY PA	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KOZLOWSKI, EDWIN J	
STREET ADDRESS	39 STANCEY ROAD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SANDER, JAMES M	
STREET ADDRESS	1417 TERRACE DRIVE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOPER, RUSSELL L	
STREET ADDRESS	1920 LAKE MARSHALL DRIVE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARMO, RONALD M	
STREET ADDRESS	300 SIXTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO - PRESIDENT - CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: BONARD M. MARMO 4/20/00 (412) 338-8852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ASSISTANT SECRETARY Date Daytime Phone #

CR2E034 (9/99)