

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002179

1. Entity Name

GMH REALTY, INC.

Principal Place of Business

353 W. LANCASTER AVE., SUITE 210  
WAYNE PA 19087

Mailing Address

353 W. LANCASTER AVE., SUITE 210  
WAYNE PA 19087

2. Principal Place of Business

3. Mailing Address

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90022 024 \*\*\*150.00

909177



DO NOT WRITE IN THIS SPACE

10 Campus Blvd.  
Newtown Square, PA. 19073

10 Campus Blvd.  
Newtown Square, PA. 19073

FEI Number **23-2877709** Applied For  
Not Applicable

Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

F & L CORP  
200 LAURA STREET  
3RD FLR  
JACKSONVILLE FL 32201

## 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, 2001 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	PC HOLLOWAY, GARY 192 DAMVIEW DRIVE MEDIA PA 19063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROBINSON, BRUCE 226 EAST GOLFVIEW ROAD ARDMORE PA 19003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD COYLE, CATHERINE 531 WATER'S EDGE NEWTOWN SQUARE PA 19073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DIGIUSEPPE, ROBERT 308 HEATHERFIELD DRIVE SOUDERTON PA 18964	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUBLEY, DENISE 353 W LANCASTER AVE WAYNE PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FORREST, DAVID R 353 W LANCASTER AVE WAYNE PA 19087	<input type="checkbox"/> Delete

## 12.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Campus Blvd. Newtown Square, PA. 19073	RECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DIGIUSEPPE

1/15/01  
Date

610-355-8000  
Daytime Phone #

CR2E034 (10/00)