

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002913

1. Entity Name  
GH ORLANDO, INC.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**  
08-16-2000 90011 023 \*\*\*558.75

Principal Place of Business  
353 W. LANCASTER AVE., STE 210  
WAYNE PA 19087

Mailing Address  
353 W. LANCASTER AVE., STE 210  
WAYNE PA 19087

2. Principal Place of Business  
10 Campus Blvd

3. Mailing Address  
10 Campus Blvd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Newtown Square PA

City & State  
Newtown Square PA

Zip  
19073

Country

4. FEI Number 23-2905213

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Min. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLLOWAY, GARY M	
STREET ADDRESS	353 W. LANCASTER AVE., STE 210	
CITY-ST-ZIP	WAYNE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, BRUCE	
STREET ADDRESS	353 W. LANCASTER AVE., STE 210	
CITY-ST-ZIP	WAYNE PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	COYLE, CATHERINE	
STREET ADDRESS	353 W. LANCASTER AVE., STE 210	
CITY-ST-ZIP	WAYNE PA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DIGIUSEPPE, ROBERT	
STREET ADDRESS	353 W. LANCASTER AVE., STE 210	
CITY-ST-ZIP	WAYNE PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Diguseppe 7/19/00 610-355-8000

CR2E034 (5/00)