

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90142 001 \*\*\*150.00

**DOCUMENT # F97000005373**

1. Entity Name

**GREENROSE BROADCASTING SERVICES, INC.**

Principal Place of Business

**308 MANOR ROAD  
 LAFAYETTE HILL PA 19444  
 US**

Mailing Address

**308 MANOR ROAD  
 LAFAYETTE HILL PA 19444  
 US**

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 **23-2859167**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLAR, ALLAN  
 1200 1ST AVE WEST  
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name **RAYMOND F. GREEN**

Street Address (P.O. Box Number is Not Acceptable)

**7792 EAGLE CREEK DRIVE**

City **SARASOTA**

FL

Zip Code **34243**

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 *Raymond F. Green* **RAYMOND F. GREEN, PRESIDENT**

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	PD	<input type="checkbox"/> Delete
NAME	GREEN, RAYMOND F	
STREET ADDRESS	314 MANOR ROAD	
CITY-ST-ZIP	LAFAYETTE HILL PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALTDORFER, FRANK	
STREET ADDRESS	179 RUN VALLEY ROAD	
CITY-ST-ZIP	CONESTOGA PA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SEEGER, STEPHEN W	
STREET ADDRESS	3241 E BRUCE DRIVE	
CITY-ST-ZIP	DRESHER PA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SCARPATO JR, VICTOR W	
STREET ADDRESS	3405 W COOLTER STREET	
CITY-ST-ZIP	PHILADELPHIA 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2300 COMPUTER AVENUE	
CITY-ST-ZIP	WILLOW GROVE, PA 19090	
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 *Stephen W. Seeger* **STEPHEN W. SEEGER, SITOR** **04/18/01 610-941-9944**

Signature and Title of Registered Agent or Director

Date

Daytime Phone #

CR2E034 (10/00)