

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001779

1. Entity Name

SPE SQUARE, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90048 028 \*\*\*150.00

Principal Place of Business Mailing Address  
% GRAND VIEW DEVELOPMENT COMPANY  
300 MT. LEBANON BLVD., STE. 209C  
PITTSBURGH PA 15234

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. 186 CASTLE SHANNON BLVD  
186 CASTLE SHANNON BLVD.  
Suite, Apt. #, etc.

City & State City & State  
PGH PA PGH. PA

Zip Country Zip Country  
15228 ALLEGHENY 15228 ALLEGHENY



DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1805702 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

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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME	KATHARY, ROBERT A			NAME			
STREET ADDRESS	1009 BEAVER GRADE RD STE 230			STREET ADDRESS			
CITY-ST-ZIP	CORAOPOLIS PA 15108			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME	FERRUCCI, MARK A			NAME			
STREET ADDRESS	1209 ORANGE ST.			STREET ADDRESS			
CITY-ST-ZIP	SILMINGTON DE 19801			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME	KRAHE, WILLIAM T			NAME			
STREET ADDRESS	186 CASTLE SHANNON BLVD 2ND FL			STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15228			CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME	KATHARY, ROBERT A			NAME			
STREET ADDRESS	1009 BEAVER GRADE RD STE 230			STREET ADDRESS			
CITY-ST-ZIP	CORAOPOLIS PA 15108			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME	MUIR, JENNY			NAME			
STREET ADDRESS	186 CASTLE SHANNON BLVD 2ND FL			STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15228			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> *****
NAME	KRAHE, WILLIAM T			NAME			
STREET ADDRESS	186 CASTLE SHANNON BLVD 2ND FL			STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15228			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert A. Kathary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00  
Date

412 563 666  
Daytime Phone #