

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003532

1. Entity Name

QUIGLEY GROUP, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90068 021 ***150.00

Principal Place of Business

Mailing Address

PO BOX 471
HAVERFORD PA 19041

PO BOX 471
HAVERFORD PA 19041-0471

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

23-2967257

Applied For

Not Applicable

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

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

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	PC	<input type="checkbox"/> Delete
NAME	QUIGLEY, MATTHEW J	
STREET ADDRESS	140 LEE CIRCLE	
CITY-ST-ZIP	BRYN MAWR PA 19010	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLINGES, DENISE	
STREET ADDRESS	30 CROTON ROAD	
CITY-ST-ZIP	STRAFFORD PA 19087	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CURRAN, LISA	
STREET ADDRESS	411 TIMBER LANE	
CITY-ST-ZIP	DEVON PA 19033	
TITLE	T	<input type="checkbox"/> Delete
NAME	QUIGLEY, ROBERT P III	
STREET ADDRESS	425 PARKVIEW PLACE	
CITY-ST-ZIP	BURR RIDGE IL 60521	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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: *Matthew J. Quigley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)