

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000003547**

1. Entity Name

THE BEISTLE COMPANY

Principal Place of Business

Mailing Address

PO BOX 10
SHIPPENSBURG PA 17257PO BOX 10
SHIPPENSBURG PA 17257-0010

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

23-0396050

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**LUHRS, H. RIC
6020 LE LAC RD
BOCA RATON FL 33496-2316

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PC	LUHRS, H. RIC	6020 LE LAC RD	BOCA RATON FL 33496-2316	<input type="checkbox"/> Delete	PCD				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	LUHRS, STEPHEN F	9328 POSSUM HOLLOW RD	SHIPPENSBURG PA 17257	<input type="checkbox"/> Delete	D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VSTD	SHOAP, KENNETH E	9579 ROXBURY RD	LURGAN PA 17232	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	D	Wiest, Alan R.	9475 Possum Hollow Rd.	Shippensburg, PA 17257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	D	Lacy, Patricia D.	99 Margaret Dr.	Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input 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

V.P. Finance

2/1/2000

(717) 532-2131

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90042 035 ***158.75

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DO NOT WRITE IN THIS SPACE