

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005338

1. Entity Name
HERZOG-HART CORP.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90005 019 ***550.00

Principal Place of Business

1110 MONTLIMAR DRIVE
MOBILE AL 36609

Mailing Address

1110 MONTLIMAR DRIVE
MOBILE AL 36609

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 **04-2535140**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ESPOSITO, FRANK V
STREET ADDRESS 31 ST. JAMES AVENUE
CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

TITLE President
NAME Robert J. Giorgio
STREET ADDRESS 2 Carly Court
CITY-ST-ZIP Voorhees, NJ 08043 ☒ Change ☐ Addition

TITLE VD
NAME KATEON, JOHN L
STREET ADDRESS 1110 MONTLIMAR DRIVE
CITY-ST-ZIP MOBILE AL 36609 ☐ Delete

TITLE Secretary
NAME Joseph R. Seiders
STREET ADDRESS 11 Bunker Hill Dr.
CITY-ST-ZIP Washington Crossing, PA 18977 ☒ Change ☐ Addition

TITLE V
NAME RAMEY, RAY E
STREET ADDRESS 1615 AMICITIA LANE
CITY-ST-ZIP SEWICKLEY PA 15143 ☒ Delete

TITLE Treasurer
NAME Arlington A. Nagle, Jr.
STREET ADDRESS 575 Buckstone Dr.
CITY-ST-ZIP Southampton, PA 18966 ☒ Change ☐ Addition

TITLE V
NAME BACKES, JAMES
STREET ADDRESS 1110 MONTLIMAR DRIVE
CITY-ST-ZIP MOBILE AL 36609 ☐ Delete

TITLE Director
NAME Richard G. Giannone
STREET ADDRESS 1000 Glendevon Dr.
CITY-ST-ZIP Ambler, PA 19002 ☒ Change ☐ Addition

TITLE V
NAME ANDREAS, BILL
STREET ADDRESS 31 ST. JAMES AVENUE
CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

TITLE Vice President
NAME James Backes
STREET ADDRESS 1110 Montlimar Dr.
CITY-ST-ZIP Mobile, AL 36609 ☒ Change ☐ Addition

TITLE V
NAME HUBACKER, KEN
STREET ADDRESS 1110 MONTLIMAR DRIVE
CITY-ST-ZIP MOBILE AL 36609 ☐ Delete

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (5/00)