

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006750

1. Entity Name

ALSTON'S MANAGEMENT, INC. OF PENNSYLVANIA

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90078 038 ***150.00

Principal Place of Business

Mailing Address

1230 WRIGHT'S LANE
WEST CHESTER PA 19380-4252

1230 WRIGHT'S LANE
WEST CHESTER PA 19380-4252

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 23-2247518

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

MONROE, W. B ESQUIRE
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

Name

N/A

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PRITCHARD, DAVID G
STREET ADDRESS 946 WAWASET ROAD
CITY-ST-ZIP KENNETT SQUARE PA 19348

TITLE D ☐ Change ☒ Addition
NAME BRIGGS, WILLIAM
STREET ADDRESS ROSEMONT BUSINESS CAMPUS BLDG 3 STE 210
CITY-ST-ZIP 919 CONESTOGA RD
ROSEMONT PA 19010

TITLE DV ☒ Delete
NAME ALSTON, ESTELLE H
STREET ADDRESS 101 AMBLEWOOD LANE
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ALSTON, ROBERT
STREET ADDRESS 504 NORTH FRANKLIN STREET
CITY-ST-ZIP WEST CHESTER PA 19380

TITLE ☒ Change ☐ Addition
NAME D ST
STREET ADDRESS ALSTON, ROBERT
CITY-ST-ZIP 504 N FRANKLIN ST
WEST CHESTER PA 19380

TITLE T ☒ Delete
NAME MATLACK, WALTER L III
STREET ADDRESS 219 CARLTON DRIVE
CITY-ST-ZIP BROOMALL PA 19008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALSTON, NANCY
STREET ADDRESS 1021 NELSON ROAD
CITY-ST-ZIP BOZEMAN MT 59718

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DELANEY, ROBERT
STREET ADDRESS 1528 MCDANIEL DRIVE
CITY-ST-ZIP WEST CHESTER PA 19380

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.

DAVID G. PRITCHARD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-01 / 610-696-1069

CR2E034 (10/00)