

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91142 042 \*\*\*150.00

**DOCUMENT # F99000004588**

1. Entity Name

**ALPHA SHIRT COMPANY**

Principal Place of Business

**401 EAST HUNTING PARK AVENUE  
 PHILADELPHIA PA 19124**

Mailing Address

**401 EAST HUNTING PARK AVENUE  
 PHILADELPHIA PA 19124**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**34-1891095**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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, 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 **D** ☐ Delete  
 NAME **BERG, RONALD**  
 STREET ADDRESS **809 WALCOTT DRIVE**  
 CITY-ST-ZIP **PHILADELPHIA PA**

TITLE **PD** ☐ Delete  
 NAME **GERBER, SAMUEL**  
 STREET ADDRESS **501 NARBERTH AVENUE**  
 CITY-ST-ZIP **HADDONFIELD NJ 08033**

TITLE **SD** ☐ Delete  
 NAME **NEILL, RONALD H**  
 STREET ADDRESS **1400 MCDONALD INVESTMENT CENTER**  
 CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE **ATD** ☐ Delete  
 NAME **PERRY, STEPHEN B**  
 STREET ADDRESS **5900 LANDERBROOK DRIVE**  
 CITY-ST-ZIP **MAYFIELD HEIGHTS OH 44124**

TITLE **D** ☐ Delete  
 NAME **BACON, ERIC V**  
 STREET ADDRESS **5900 LANDERBROOK DRIVE**  
 CITY-ST-ZIP **MAYFIELD HEIGHTS OH 44124**

TITLE **D** ☐ Delete  
 NAME **LINSALATA, FRANK N**  
 STREET ADDRESS **5900 LANDERBROOK DRIVE**  
 CITY-ST-ZIP **MAYFIELD HEIGHTS OH 44124**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **THOMAS FRANK**  
 STREET ADDRESS **401 E. HUNTING PARK AVE**  
 CITY-ST-ZIP **PHILA PA 19124**

TITLE **D** ☐ Change ☒ Addition  
 NAME **WILLIAM SCHECTER**  
 STREET ADDRESS **1965 E. 6th St.**  
 CITY-ST-ZIP **Cleveland OH 44114**

TITLE **D** ☐ Change ☒ Addition  
 NAME **RICHARD SIMS**  
 STREET ADDRESS **670 Alpha Drive**  
 CITY-ST-ZIP **Highland Heights OH 44143**

TITLE **D** ☐ Change ☒ Addition  
 NAME **TERRY SULLIVAN**  
 STREET ADDRESS **20600 CHAGRIN BLVD**  
 CITY-ST-ZIP **SHAKER HEIGHTS, OH 44122**

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

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

4/24/2001

215 291 0300

Daytime Phone #

CR2E034 (10/00)