

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005948

1. Entity Name

PRO AM SOUTHEAST, INC.

Principal Place of Business

ONE NORTHSORE CENTER, STE 200  
12 FEDERAL ST.  
PITTSBURGH PA 15212

Mailing Address

ONE NORTHSORE CENTER, STE 200  
12 FEDERAL ST.  
PITTSBURGH PA 15212-5701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> Delete |
| NAME           | WELCH, JOHN W               |                                 |
| STREET ADDRESS | 1 NORTHSORE CENTER, STE 200 |                                 |
| CITY-ST-ZIP    | PITTSBURGH PA 15212         |                                 |
| TITLE          | VTD                         | <input type="checkbox"/> Delete |
| NAME           | DADAY, MARK S               |                                 |
| STREET ADDRESS | 1 NORTHSORE CENTER, STE 200 |                                 |
| CITY-ST-ZIP    | PITTSBURGH PA 15212         |                                 |
| TITLE          | VS                          | <input type="checkbox"/> Delete |
| NAME           | ROBERTS, WILLIAM H          |                                 |
| STREET ADDRESS | 1 NORTHSORE CENTER, STE 200 |                                 |
| CITY-ST-ZIP    | PITTSBURGH PA 15212         |                                 |
| TITLE          | AS                          | <input type="checkbox"/> Delete |
| NAME           | PASTERICK, KELLY M          |                                 |
| STREET ADDRESS | 1 NORTHSORE CENTER, STE 200 |                                 |
| CITY-ST-ZIP    | PITTSBURGH PA 15212         |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |  |
|----------------|------------------------------|--|
| 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 |                              |  |
| 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 |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | VP                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hoffmann, Frank A            |  |
| STREET ADDRESS | 1 Northshore Center, Ste 200 |  |
| CITY-ST-ZIP    | Pittsburgh PA 15212          |  |
| 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:

*Kelly M Pasterick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000  
Date

412-330-1014  
Daytime Phone #

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90123 040 \*\*\*150.00

00008461



DO NOT WRITE IN THIS SPACE

4. FEI Number

25-1841147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2F034 (9/99)