

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006196

1. Entity Name

WEST PALM BEACH SIERRA, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90100 005 ***150.00

Principal Place of Business

Mailing Address

409 BROAD STREET, SUITE 203
SEWICKLEY PA 15143

409 BROAD STREET, SUITE 203
SEWICKLEY PA 15143

2. Principal Place of Business

5966 Heisley Road

3. Mailing Address

← Same

Suite, Apt. #, etc.

2ND Floor

Suite, Apt. #, etc.

← Same

City & State

Mentor, Ohio

City & State

← Same

Zip

44060

Country

USA

Zip

← Same

Country

USA

4. FEI Number

25-1847599

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MCGRAW, KEITH A	
STREET ADDRESS	409 BROAD STREET, SUITE 203	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARRIS, RICHARD	
STREET ADDRESS	26515 AMHEARST CIRCLE, APT. 302	
CITY-ST-ZIP	BEACHWOOD OH 44122	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCAY, AUGUSTUS	
STREET ADDRESS	1024 VICTORIA PLACE	
CITY-ST-ZIP	GIBSONIA PA 15044	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LAPORT, MARK G	
STREET ADDRESS	5966 HEISLEY ROAD	
CITY-ST-ZIP	MENTOR OH 44060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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STREET ADDRESS	
CITY-ST-ZIP	
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

Keith H. McGraw

Keith H. McGraw

Feb 7, 2000

412-749-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)