

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # G68189**

1. Entity Name

**PLAZA DEL RIO CORP.**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90032 045 \*\*\*158.75

Principal Place of Business

Mailing Address

1755 OREGON PIKE  
 LANCASTER PA 17601  
 US

PO BOX 5200  
 LANCASTER PA 17606-5200  
 US

2. Principal Place of Business  
 2101 Oregon Pike

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State  
 Lancaster, PA

City & State

4. FEI Number **59-2367272**

Applied For  
 Not Applicable

17601

Country US

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOLFF, PHILLIP A. E**  
**720 S. ORANGE AVE.**  
**SARASOT FL 34236**

7. Name and Address of New Registered Agent

Name **Timothy S. Shaw, Esq.**

**Kirk Pinkerton**

Street Address (P.O. Box Number is Not Acceptable)  
**720 South Orange Avenue**

City **Sarasota**

**FL**

Zip Code  
**34236**

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

**Timothy S. Shaw, Esquire**

**3/17/00**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FISHER, HERBERT, JR.</b> <b>1755 OREGON PIKE</b> <b>LANCASTER PA 17601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>P/Asst. Sec./</b> <b>J. Herbert Fisher, Jr.</b> <b>2101 Oregon Pike, Suite 300</b> <b>Lancaster, PA 17601</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JORDAN, DENNIS W</b> <b>1755 OREGON PIKE</b> <b>LANCASTER PA 17601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>S/T/D</b> <b>Dennis W. Jordan</b> <b>2101 Oregon Pike, Suite 300</b> <b>Lancaster, PA 17601</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FISHER, J. HERBERT JR.</b> <b>1755 OREGON PIKE</b> <b>LANCASTER PA 17601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>D</b> <b>J. H. Fisher, Jr.</b> <b>2101 Oregon Pike, Suite 300</b> <b>Lancaster, PA 17601</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**J. H. Fisher, Jr.**

**3/20/00**

**717-519-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)