## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # G68189** PLAZA DEL RIO CORP. 04-11-2001 90033 012 \*\*\*158.75 Principal Place of Business Mailing Address 2101 OREGON PIKE PO BOX 5200 SUITE 300 LANCASTER PA 17606-5200 LANCASTER PA 17601 A0045839 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2367272 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAW, TIMOTHY S Street Address (P.O. Box Number is Not Acceptable) 720 S. ORANGE AVE. SARASOT FL 34236 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition CR2E034 (10/00) .... Delete NAME FISHER, HERBERT, JR. NAME STREET ADDRESS 2101 OREGON PIKE, SUITE 300 STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17601 TITL F ☐ Delete TITLE Addition Change NAME JORDAN, DENNIS W NAMS STREET ACCRESS 2101 OREGON PIKE SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17601 TITLE ☐ Delete TITLE Change Addition FISHER, J. HERBERT JR. NAME NAME STREET ADDRESS 2101 OREGON PIKE SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17601 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-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 withyay address, with all other like empowered. SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Herbert Fisher, Jr. 3/1/01 717-519-5200

Daytime Phone #

Date