

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H56792

1. Entity Name

PAGE ONE FAMILY, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90014 049 ***150.00

Principal Place of Business

JAMES M. WEAVER
240 PARK AVE.
LAKE WALES FL 33853

Mailing Address

% JAMES M. WEAVER
240 PARK AVE.
LAKE WALES FL 33853

820051



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1625462

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, JAMES M.
240 PARK AVENUE
LAKE WALES FL 33853

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 checked="" type="checkbox"/> Delete
NAME	PAGE, EDWIN H.	
STREET ADDRESS	2209 HURON RD.	
CITY-ST-ZIP	WEST LAFAYETTE IN	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PAGE, MARGARET M.	
STREET ADDRESS	2209 HURON RD.	
CITY-ST-ZIP	WEST LAFAYETTE IN	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWIN H. PAGE, JR.	
STREET ADDRESS	1709 BEAVER GRADE ROAD	
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108	
TITLE	V-P S/T & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE P. SCHLECK	
STREET ADDRESS	714 NORTHRIDGE DRIVE	
CITY-ST-ZIP	WEST LAFAYETTE, IN 47906	
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		

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:

EDWIN H. PAGE, JR.

2-28-00

412-262-1528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)