

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K79050

1. Entity Name

PIATT DEVELOPMENT CORP.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90001 015 ***150.00

Principal Place of Business

Mailing Address

SOUTHPOINTE PLAZA I SUITE 400
400 SOUTHPOINTE BLVD
CANONSBURG PA 15317

SOUTHPOINTE PLAZA I SUITE 400
400 SOUTHPOINTE BLVD
CANONSBURG PA 15317-8549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1887645

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

7. Name and Address of New Registered Agent

PIATT, JACK B
9000 COUNTRY CLUB DRIVE
PORT ST. LUCIE FL 34986

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	P	<input type="checkbox"/> Delete
NAME	PIATT, JACK B	
STREET ADDRESS	400 SOUTHPOINTE BLVD SUITE 400	
CITY-ST-ZIP	CANONSBURG PA 15317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIATT, JACK B II	
STREET ADDRESS	400 SOUTHPOINTE BLVD SUITE 400	
CITY-ST-ZIP	CANONSBURG PA 15317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEIL, DOUGLAS J	
STREET ADDRESS	400 SOUTHPOINTE BLVD SUITE 400	
CITY-ST-ZIP	CANONSBURG PA 15317	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOEHM, CHARLES D	
STREET ADDRESS	400 SOUTHPOINTE BLVD SUITE 400	
CITY-ST-ZIP	CANONSBURG PA 15317	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the 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 lines empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)