

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39664

1. Entity Name

GATEWAY CENTER ASSOCIATION, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90047 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

381 MANSFIELD AVENUE  
STE. 500  
PITTSBURGH PA 15220

381 MANSFIELD AVENUE  
STE. 500  
PITTSBURGH PA 15220-2754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0240350

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

ROYCE, RAYMOND W ESQ.  
4400 PGA BLVD.  
STE. 800  
PALM BEACH GARDENS FL 33410

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WRIGHT, THOMAS D  
STREET ADDRESS 381 MANSFIELD AVE., STE. 500  
CITY-ST-ZIP PITTSBURGH PA 15220

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME POSNER, HENRY JR.  
STREET ADDRESS 381 MANSFIELD AVE., STE. 500  
CITY-ST-ZIP PITTSBURGH PA 15220

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME HENSLEY, JOHN F  
STREET ADDRESS 381 MANSFIELD AVE., STE. 500  
CITY-ST-ZIP PITTSBURGH PA 15220

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME POLING, ROBERT C  
STREET ADDRESS 381 MANSFIELD AVE., STE. 500  
CITY-ST-ZIP PITTSBURGH PA 15220

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASD ☐ Delete  
NAME TALARICO, RICHARD W  
STREET ADDRESS 381 MANSFIELD AVE., STE. 500  
CITY-ST-ZIP PITTSBURGH PA 15220

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS D. WRIGHT  
Signature and typed or printed name of signing officer or director

Date

2/8/00

Daytime Phone #

412-928-7700

CR2E037 (9/99)