

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90101 044 ***150.00

DOCUMENT # P01000020150

1. Entity Name
BERGEN OF LAKE GIBSON, INC.



Principal Place of Business
ONE BELMONT AVENUE
GSB BUILDING - SUITE 401
BALA CYNWYD PA 19004

Mailing Address
ONE BELMONT AVENUE
GSB BUILDING - SUITE 401
BALA CYNWYD PA 19004

2. Principal Place of Business
770 Township Line Road

3. Mailing Address
770 Township Line Road

Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.
Suite 150

City & State
Yardley, PA

City & State
Yardley, PA

4. FEI Number **23-3072865**

Applied For
Not Applicable

Zip
19067

Country
USA

Zip
19067

Country
USA

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DILELLA, DANIEL M**
STREET ADDRESS **ONE BELMONT AVENUE #401**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE **D** ☐ Delete
NAME **HOWARD, BARRY**
STREET ADDRESS **ONE BELMONT AVENUE #401**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE **VAS** ☐ Delete
NAME **PASQUARELLA, ARTHUR P**
STREET ADDRESS **GSB BUILDING STE 401, ONE BELMONT AVE**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE **VAS** ☐ Delete
NAME **WILLIAMS, SCOTT A**
STREET ADDRESS **GSB BUILDING STE 401, ONE BELMONT AVE**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE **VTAS** ☐ Delete
NAME **MALONEY, ROBERT K**
STREET ADDRESS **GSB BUILDING STE 401, ONE BELMONT AVE**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

TITLE **VAS** ☐ Delete
NAME **PERRY, ROY C**
STREET ADDRESS **GSB BUILDING STE 401, ONE BELMONT AVE**
CITY-ST-ZIP **BALA CYNWYD PA 19004**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **770 Township Line Road, Suite 150**
CITY-ST-ZIP **Yardley, PA 19067**

TITLE **DCVAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **770 Township Line Road, Suite 150**
CITY-ST-ZIP **Yardley, PA 19067**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **770 Township Line Road, Suite 150**
CITY-ST-ZIP **Yardley, PA 19067**

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CITY-ST-ZIP **Yardley, PA 19067**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **770 Township Line Road, Suite 150**
CITY-ST-ZIP **Yardley, PA 19067**

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 607, 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: By: **Bergen of Lake Gibson, Inc.**
SIGNATURE REQUIRED

4/17/03 267-757-0600

Date Daytime Phone #

CR2E034 (10/02)