

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90072 041 ***150.00

0619466 AT

DOCUMENT # P01000045075

1. Entity Name

BERGEN OF LAKE GIBSON LAND, INC.



Principal Place of Business

**GSB BLDG., STE. 401
ONE BELMONT AVE.
BALA CYNWYD PA 19004**

Mailing Address

**GSB BLDG., STE. 401
ONE BELMONT AVE.
BALA CYNWYD PA 19004**

11007607



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

23-3081257

Applied For

Not Applicable

Zip

19067

Country

USA

Zip

19067

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE **VAS** ☐ Delete
NAME **PERRY, ROY C**
STREET ADDRESS **ONE BELMONT AVE., STE. 401**
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 **DCVAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **770 Township Line Road, Suite 150**
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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**

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.

Bergen of Lake Gibson Land, Inc.

SIGNATURE: By: SIGNATURE REQUIRED

4/17/03 267-757-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Howard, Chairman of the Board

Date

Daytime Phone #

CR2E034 (10/02)