

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-23-2003 90142 021 ***150.00

DOCUMENT # P02000061979

1. Entity Name
HI/SUMMIT CENTRE, INC.



Principal Place of Business
**% URDANG&ASSOCIATES REAL ESTATE ADVISORS.
630 WEST GERMANTOWN PIKE. SUITE 321
PLYMOUTH MEETING PA 19462**

Mailing Address
**% URDANG&ASSOCIATES REAL ESTATE ADVISORS.
630 WEST GERMANTOWN PIKE. SUITE 321
PLYMOUTH MEETING PA 19462**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
74-3046850

Applied For
☐ Not Applicable

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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URDANG, E. SCOTT		NAME		
STREET ADDRESS	630 WEST GERMANTOWN PIKE SUITE 321		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Blum, David	
STREET ADDRESS			STREET ADDRESS	630 W. Germantown Pike	
CITY-ST-ZIP			CITY-ST-ZIP	Plymouth Meeting, PA 19462	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sanfilippo, Vincent	
STREET ADDRESS			STREET ADDRESS	630 W. Germantown Pike, Ste. 321	
CITY-ST-ZIP			CITY-ST-ZIP	Plymouth Meeting, PA 19462	
TITLE		<input type="checkbox"/> Delete	TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ferst, Richard J.	
STREET ADDRESS			STREET ADDRESS	630 W. Germantown Pike, Ste. 321	
CITY-ST-ZIP			CITY-ST-ZIP	Plymouth Meeting, PA 19462	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Greco, Mark B.	
STREET ADDRESS			STREET ADDRESS	630 W. Germantown Pike, Ste. 321	
CITY-ST-ZIP			CITY-ST-ZIP	Plymouth Meeting, PA 19462	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gresham, Melissa	
STREET ADDRESS			STREET ADDRESS	630 W. Germantown Pike, Ste. 321	
CITY-ST-ZIP			CITY-ST-ZIP	Plymouth Meeting, PA 19462	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 610-834-9500

Date Daytime Phone #

CR2E034 (10/02)