

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12080

1. Entity Name

THE POTATO SACK, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90022 046 ***158.75

Principal Place of Business

Mailing Address

%THE POTATO SACK INC.
201 MONROEVILLE MALL
PITTSBURGH PA 15146
US

%THE POTATO SACK INC.
201 MONROEVILLE MALL
PITTSBURGH PA 15146-2222
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1481741

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

KESSLER, STUART
20515 EAST COUNTRY CLUB DRIVE
APARTMENT 1149
NORTH MIAMI BEACH FL 33180

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MEYER, HERBERT E.
STREET ADDRESS 1235 SOUTH NEGLEY AVENUE
CITY-ST-ZIP PITTSBURGH PA



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE VD
NAME KESSLER, STUART L.
STREET ADDRESS 20515 E. COUNTRY CLUB DR
CITY-ST-ZIP NORTH MIAMI BEACH FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE STD
NAME PASQUINI, EUGENE S.
STREET ADDRESS 168 IRON RUN ROAD
CITY-ST-ZIP BETHEL PARK PA



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE S
NAME KESSLER, EUGENE
STREET ADDRESS 19355 TURNBERRY WAY APT TGR
CITY-ST-ZIP N. MIAMI BEACH FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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TITLE
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 this 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 (412) 373-0850

CR2E034 (9/99)