

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P23600**

1. Entity Name

TREE TOPS OF PENNSYLVANIA, INC.**FILED****Feb 05, 2001 8:00 am
Secretary of State**

02-05-2001 90135 031 ***150.00

Principal Place of Business

Mailing Address

**ROUTE 209
BUSHKILL PA 18324****ROUTE 209
BUSHKILL PA 18324
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2099792**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	WORTHINGTON, ANDREW W	
STREET ADDRESS	RT 209	
CITY-ST-ZIP	BUSHKILL PA 18324	

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Lavelle	
STREET ADDRESS	Route 209	
CITY-ST-ZIP	Bushkill, PA 18324	

TITLE	DEVP	<input checked="" type="checkbox"/> Delete
NAME	VALE, THOMAS	
STREET ADDRESS	RT 209	
CITY-ST-ZIP	BUSHKILL PA 18324	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Mark	
STREET ADDRESS	Route 209	
CITY-ST-ZIP	Bushkill, PA 18324	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATSON, J H	
STREET ADDRESS	5 CONCOURSE PKWY	
CITY-ST-ZIP	ATLANTA GA 30328	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas V. Casale	
STREET ADDRESS	Route 209	
CITY-ST-ZIP	Bushkill, PA 18324	

TITLE	S	<input type="checkbox"/> Delete
NAME	CASALE, THOMAS V	
STREET ADDRESS	RT 209	
CITY-ST-ZIP	BUSHKILL PA 18324	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis J. Rogers	
STREET ADDRESS	Route 209	
CITY-ST-ZIP	Bushkill, PA 18324	

TITLE	AS	<input type="checkbox"/> Delete
NAME	MCNEESE, JACK	
STREET ADDRESS	5 CONCOURSE PKWY	
CITY-ST-ZIP	ATLANTA GA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Thomas V. Casale, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas V. Casale, Secretary

1/22/2001 (570) 588-6661

Date

Daytime Phone #

CR2E034 (10/00)