

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P33136**

1. Entity Name

THE PFALTZGRAFF OUTLET CO.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90367 025 ***150.00

Principal Place of Business Mailing Address

BELZ FACTORY OUTLET- MALL
5401 W. OAKRIDGE ROAD
ORLANDO FL 32819
US

140 E.MARKET ST..
P O BOX 1483
YORK PA 17405-8483

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 **23-2132506** Applied For
Not Applicable5. 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. 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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPELL, LOUIS J. JR.		NAME		
STREET ADDRESS	140 E. MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	YORK PA		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON, WILLIAM H.		NAME		
STREET ADDRESS	140 E. MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	YORK PA		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINLAYSON, JOHN L.		NAME		
STREET ADDRESS	140 E. MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	YORK PA		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREMER, CRAIG W.		NAME		
STREET ADDRESS	140 E. MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	YORK PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUBAKER, PETER P.		NAME		
STREET ADDRESS	140 E. MARKET ST.		STREET ADDRESS		
CITY-ST-ZIP	YORK PA		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAYMAN, ALAN L		NAME		
STREET ADDRESS	140 E MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	YORK PA 17401		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 _____ **Craig W. Bremer** **4/30/2001** **(717) 852-2405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary

CR2E034 (10/00)