

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067094

1. Entity Name

GHLVWD, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90069 020 \*\*\*158.75

Principal Place of Business

Mailing Address

1665 PALM BEACH LAKES BOULEVARD  
 SUITE 610  
 WEST PALM BEACH FL 33401

353 W. LANCASTER AVE  
 WAYNE PA 19087-3907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2588255

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 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, 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 AS ☐ Delete  
 NAME ROBERT DIGIVSEPPE  
 STREET ADDRESS 353 W LANCASTER AVE, SUITE 210  
 CITY-ST-ZIP WAYNE PA

TITLE AS ☐ Change ☒ Addition  
 NAME Denise Hubley  
 STREET ADDRESS 353 W. Lancaster Ave.  
 CITY-ST-ZIP Wayne, PA 19087

TITLE P ☐ Delete  
 NAME HOLLOWAY, GARY  
 STREET ADDRESS 353 W LANCASTER AVE  
 CITY-ST-ZIP WAYNE PA 19087

TITLE AS ☐ Change ☒ Addition  
 NAME Michael Maher  
 STREET ADDRESS 353 W. Lancaster Ave.  
 CITY-ST-ZIP Wayne, PA 19087

TITLE VPT ☐ Delete  
 NAME ROBINSON, BRUCE  
 STREET ADDRESS 353 W LANCASTER AVE  
 CITY-ST-ZIP WAYNE PA 19087

TITLE AS ☐ Change ☒ Addition  
 NAME James Helican - AS  
 STREET ADDRESS 353 W. Lancaster Ave.  
 CITY-ST-ZIP Wayne, PA 19087

TITLE VPS ☐ Delete  
 NAME COYLE, CATHERINE  
 STREET ADDRESS 353 W LANCASTER AVE  
 CITY-ST-ZIP WAYNE PA 19087

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

610-687-6321

Daytime Phone #

CR2E034 (9/99)