

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000067094**

1. Entity Name

GHLVWD, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90049 007 ***150.00

Principal Place of Business

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

Mailing Address

**353 W. LANCASTER AVE
WAYNE PA 19087**

2. Principal Place of Business

Suite, Apt. #, etc.

10 Campus Blvd.

City & State

Newtown Square, PA. 19073

Zip

Country

FEI Number

23-2588255

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROBERT DIGIVSEPPE 353 W LANCASTER AVE, SUITE 210 WAYNE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLOWAY, GARY 353 W LANCASTER AVE WAYNE PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROBINSON, BRUCE 353 W LANCASTER AVE WAYNE PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COYLE, CATHERINE 353 W LANCASTER AVE WAYNE PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUBLEY, DENISE 353 W LANCASTER AVE, SUITE 210 WAYNE PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAHER, MICHAEL 353 W LANCASTER AVE, SUITE 210 WAYNE PA	<input type="checkbox"/> Delete

12.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Campus Blvd. Newtown Square, PA. 19073	RECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (10/00)