

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047028

1. Entity Name

THC PENNSYLVANIA, INC.

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

02-01-2000 90010 012 \*\*\*158.75

Principal Place of Business  
111 RIVERSIDE AVE  
PO BOX 44100  
JACKSONVILLE FL 32231-4100

Mailing Address  
111 RIVERSIDE AVE  
PO BOX 44100  
JACKSONVILLE FL 32231-4100

608739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3454985** Applied For ☐ Not Applied ☐

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

~~GARTNER, W.A.~~  
1660 PRUDENTIAL DR.  
JACKSONVILLE FL 32207

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	DP	<input type="checkbox"/> Delete
NAME	VANDERGRIFF, C. EDWARD	
STREET ADDRESS	111 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	PARK, CHRISTOPHER S	
STREET ADDRESS	111 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

*Christopher S. Park*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Christopher S. Park

1/17/00

Date

904/791-4778

Daytime Phone #