

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020684

1. Entity Name

O'HERSCH, INC.

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

05-01-2000 90417 002 \*\*\*150.00

Principal Place of Business

Mailing Address

501 EAST KENNEDY BLVD. #1400  
TAMPA FL 33602

POST OFFICE BOX 3324  
TAMPA FL 33601-3324

2. Principal Place of Business

3. Mailing Address

1220 FRIENDLY WAY S. 1220 FRIENDLY WAY S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ST. PETERSBURG FL

City & State  
ST. PETERSBURG FL

4. FEI Number 59-3495954

Applied For  
Not Applicable

Zip 33705 Country USA

Zip 33705 Country USA

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

DYAL, LUCIUS M JR  
501 EAST KENNEDY BLVD. #1400  
TAMPA FL 33602

Name MARTHA O'BRYAN

Street Address (P.O. Box Number is Not Acceptable)  
1220 FRIENDLY WAY S.

City ST. PETERSBURG FL Zip Code 33705

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 Martha S. O'Bryan

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

NO RELATIONSHIP W/ ENTITY 4/8/00

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 D  
NAME HERSCH, JENNIFER R  
STREET ADDRESS 947A OSAGE AVENUE  
CITY-ST-ZIP MANITOU SPRINGS CO 80829 ☐ Delete

TITLE D  
NAME 9 BROOK RD.  
STREET ADDRESS MANITOU SPRINGS, CO 80829 ☒ Change ☐ Addition

TITLE D  
NAME HERSCH, ERIKA I  
STREET ADDRESS 303 C WINCHESTER STREET  
CITY-ST-ZIP NEWTON MA 02161 ☐ Delete

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

TITLE D  
NAME O'BRYAN, SLOT P  
STREET ADDRESS 83 PARK TERRACE W. 3A  
CITY-ST-ZIP NEW YORK NY 10034 ☐ Delete

TITLE D  
NAME O'BRYAN, SCOTT  
STREET ADDRESS ADDRESS: SAME  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME O'BRYAN, ERIN K  
STREET ADDRESS 8 BENTON STREET  
CITY-ST-ZIP STONEHAM MA 02180 ☐ Delete

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

TITLE D  
NAME TIERNEY, KELLY A  
STREET ADDRESS 23 LYMAN STREET  
CITY-ST-ZIP BEVERLY MA 01915 ☐ Delete

TITLE D  
NAME  
STREET ADDRESS 6 BUTTERFIELD LN  
CITY-ST-ZIP WESTFORD, MA 01886 ☒ Change ☐ Addition

TITLE D  
NAME O'BRYAN, SEAN M  
STREET ADDRESS 30 BELKNAP STREET #2  
CITY-ST-ZIP ARLINGTON MA 02174 ☐ Delete

TITLE D  
NAME  
STREET ADDRESS 69 FERRY ST.  
CITY-ST-ZIP NEW HOPE, PA 18938 ☒ Change ☐ Addition

5. 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

DIRECTOR 4/7/00 (212) 567-2742

CR2E034 (9/99)