

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90313 010 \*\*\*150.00

**DOCUMENT # 823322**

1. Entity Name  
**ORLEANS HOMEBUILDERS, INC.**

Principal Place of Business <b>ONE GREENWOOD SQUARE          SUITE 101 3333 STREET ROAD          BENSALEM PA 19020          US</b>	Mailing Address <b>ONE GREENWOOD SQUARE          SUITE 101 3333 STREET ROAD          BENSALEM PA 19020          US</b>
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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 **59-0874323**      Applied For  
 Not Applicable

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

**FINEBERG, LIBO B.  
 3500 GATEWAY DR.  
 SUITE 201  
 POMPANO BEACH FL 33069**

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 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 DC Delete <input type="checkbox"/>	NAME ORLEANS, JEFFREY P.	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS ONE GREENWOOD SQUARE STE 101 333 STREET RD	CITY-ST-ZIP BENSALEM PA	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE ST Delete <input type="checkbox"/>	NAME SANTANGELO, JOSEPH A.	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS ONE GREENWOOD SQUARE STE 101 3333 STREET	CITY-ST-ZIP BENSALEM PA	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE VC Delete <input type="checkbox"/>	NAME GOLDMAN, BENJAMIN D.	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS ONE GREENWOOD SQ STE 101 3333 STREET ROAD	CITY-ST-ZIP BENSALEM PA	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE D Delete <input type="checkbox"/>	NAME KATZ, LEWIS	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS ONE GREENWOOD SQAURE STE 101 3333 STREET	CITY-ST-ZIP BENSALEM PA	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE EVP Delete <input type="checkbox"/>	NAME SCHAAL, GARY	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS ONE GREENWOOD SQ. STE 101 3333 STREET ROAD	CITY-ST-ZIP BENSALEM PA	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Delete <input type="checkbox"/>	NAME ADDITIONALS FURNISHED	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS UPON REQUEST	CITY-ST-ZIP	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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: Joseph A Santangelo      **JOSEPH A SANTANGELO**      Date: 1/19/01      Daytime Phone #: 215 245 7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)