

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002271

1. Entity Name

BCC DEVELOPMENT AND MANAGEMENT CO.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90182 001 ***300.00

Principal Place of Business

5021 LOUISE DR., STE. 200
MCHANICSBURG PA 17055

Mailing Address

5021 LOUISE DR., STE. 200
MCHANICSBURG PA 17055-6916

2. Principal Place of Business

1215 Manor Drive

3. Mailing Address

1215 Manor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mechanicsburg PA

City & State

Mechanicsburg PA

Zip

17055

Country

USA

Zip

17055

Country

USA

4. FEI Number

25-1792974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

TITLE	C	<input type="checkbox"/> Delete
NAME	HOLLINGER, BRAD E	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, STEPHEN G	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARTH, BRIAN L	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARBER, DAVID K	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, ROBERT J	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARBER, ROBIN L	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MCHANICSBURG PA 17055	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	Mechanicsburg, Pa 17055	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary W. Anderson	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	Mechanicsburg, Pa 17055	
TITLE	Vice President / Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin L Barber	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	Mechanicsburg, Pa 17055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)