

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90038 038 ***150.00

DOCUMENT # F98000002271

1. Entity Name
BCC DEVELOPMENT AND MANAGEMENT CO.

Principal Place of Business Mailing Address
1215 MANOR DR 1215 MANOR DR
MCHANICSBURG PA 17055 MCHANICSBURG PA 17055
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Mechanicsburg Mechanicsburg
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	C	<input type="checkbox"/> Delete
NAME	HOLLINGER, BRAD E	
STREET ADDRESS	1215 MANOR DR	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, GARY W	
STREET ADDRESS	1215 MANOR DR	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BARBER, ROBIN L	
STREET ADDRESS	1215 MANOR DR	
CITY-ST-ZIP	MCHANICSBURG PA 17055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Mechanicsburg Pa 17055	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	Mechanicsburg Pa 17055	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane M Berger	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	Mechanicsburg Pa 17055	
TITLE	Vice President / Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Sutton	
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		

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: Diane M Berger 4-10-01 717-796-6104
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)