

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 024 ***150.00

00056026

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000001053	
1. Entity Name Empire Apartment Management Company	
Principal Place of Business 44 East Lancaster Avenue, Suite 200 Ardmore, PA 19003-2212	
Mailing Address 215 North Eola Drive Orlando, Florida 32801	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State Orlando
Zip	Country USA
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent James Balletta 215 North Eola Drive Orlando, Florida 32801	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS	
TITLE D NAME Pizzo, Jack Del STREET ADDRESS 44 East Lancaster Avenue CITY-ST-ZIP Ardmore, PA 19003-2212 <input checked="" type="checkbox"/> Delete	TITLE DP NAME Spano, Thomas V. STREET ADDRESS 364 Wilmington West Chester Pike, CITY-ST-ZIP Building C, Unit 6 Glen Mills, PA 19342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE VT NAME Phillips, Frank X. STREET ADDRESS 364 Wilmington West Chester Pike CITY-ST-ZIP Building C, Unit 6 Glen Mills, PA 19342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE VS NAME Balletta, James STREET ADDRESS 215 North Eola Drive CITY-ST-ZIP Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.	
SIGNATURE: _____ James Balletta, Secretary	
5/4/01 Date Daytime Phone #	

CR2E034 (11/00)