

5/13

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90080 036 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**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 FL**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

301 E. Pine Street

Suite, Apt. #, etc.

Suite 1400

City & State

Orlando, FL

Zip

32801

Country

USA

4. FEI Number

58-2525053**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALLETTA, JAMES
301 E. PINE STREET
SUITE 1400
ORLANDO FL 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

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	SPANO, THOMAS V	
STREET ADDRESS	364 WILMINGTON W CHESTER PIKE BLDG C #6	
CITY-ST-ZIP	GLEN MILLS PA 19342	

TITLE	VT	<input type="checkbox"/> Delete
NAME	PHILLIPS, FRANK X	
STREET ADDRESS	364 WILMINGTON W CHESTER PIKE BLDG C #6	
CITY-ST-ZIP	GLEN MILLS PA 19342	

TITLE	VS	<input type="checkbox"/> Delete
NAME	BALLETTA, JAMES	
STREET ADDRESS	215 NORTH EOLA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32801	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	301 E. Pine Street, Suite 1400	
CITY-ST-ZIP	Orlando, FL 32801	

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 #

4/24/02

610 558 1500

CR2E034 (9/01)