

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054891

1. Entity Name

XL REALTY CORP.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90038 006 \*\*\*150.00

Principal Place of Business

Mailing Address

800 THE SAFEGUARD BLDG  
435 DEVON PARK DRIVE  
WAYNE PA 19087

800 THE SAFEGUARD BLDG  
435 DEVON PARK DRIVE  
WAYNE PA 19087-1935

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

58-2066290

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	EVPS	<input type="checkbox"/> Delete
NAME	OUNSWORTH, JAMES	
STREET ADDRESS	800 THE SAFEGUARD BLDG 435 DEVON PARK DR	
CITY-ST-ZIP	WAYNE PA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WELLMAN, JAMES E	
STREET ADDRESS	10315 102ND TERRACE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	MILES, MICHAEL	
STREET ADDRESS	800 THE SAFEGUARD BLDG 435 DEVON PARK DR	
CITY-ST-ZIP	WAYNE PA	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	ROSARD, STEVEN	
STREET ADDRESS	800 THE SAFEGUARD BLDG 435 DEVON PARK DR	
CITY-ST-ZIP	WAYNE PA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BLACKBURN, DEIRDRE	
STREET ADDRESS	800 THE SAFEGUARD BLDG 435 DEVON PARK DR	
CITY-ST-ZIP	WAYNE PA	
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 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 REQUIRED JAMES A OUNSWORTH

3/17/00

610-293-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)