

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040847

1. Entity Name

BRANDYWINE COMMUNITY SERVICES CORPORATION

05-19-2000 90019 018 ***158.75

P94000040847

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 AM 10:11



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

P.O. BOX 999
CHADDS FORD PA 19317-0503

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 58-2127015

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

~~GAYNOR, JOSEPH W~~
~~2637 MCCORMICK DR~~
~~STE B~~
~~CLEARWATER FL 33759~~

Filed Change Form
2/15/00 Filed 2/24/00

Name
Brandywine Financial Services Corporation
Street Address (P.O. Box Number is Not Acceptable)
Bruce E. Moore
2637 McCormick Dr.
City
Clearwater FL Zip Code
33759

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DTD	<input type="checkbox"/> Delete
NAME	MOORE, BRUCE E	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GIOVINCO, PHILLIP C	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOYLE, DENISE M.	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, BRUCE	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GAYNOR, JOSEPH W	
STREET ADDRESS	2637 MCCORMICK DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE		<input type="checkbox"/> Delete
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20 2000

Date

(610) 388-9600
Daytime Phone #

CR2E034 1999