

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90178 026 ***158.75

DOCUMENT # P94000040847

1. Entity Name

BRANDYWINE COMMUNITY SERVICES CORPORATION

Principal Place of Business

Mailing Address

**2 POND'S EDGE DRIVE
CHADDS FORD PA 19317**

**P.O. BOX 999
CHADDS FORD PA 19317**

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

**BRANDYWINE FINANCIAL SERVICES CORPORATION
BRUCE E. MOORE
2637 MCCORMICK DR.
CLEARWATER FL 33759**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DTD MOORE, BRUCE E 2 POND'S EDGE DRIVE CHADDS FORD PA 19317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GIOVINCO, PHILLIP C 2 POND'S EDGE DRIVE CHADDS FORD PA 19317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOYLE, DENISE M 2 POND'S EDGE DRIVE CHADDS FORD PA 19317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BRUCE 2 POND'S EDGE DRIVE CHADDS FORD PA 19317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Bruce E. Moore 2 Pond's Edge Drive Chadds Ford, PA 19317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Joseph W. Gaynor 2637 McCormick Drive Clearwater, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E. Moore JAN 5 2001 (610) 388-9600

Date

Daytime Phone #

CR2E034 (10/00)

attachment
DH-P9400004087

Brandywine Financial Services Corporation

**P.O. Box 999
Chadds Ford, PA 19317
(610) 388-9600**

January 17, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Brandywine Community Services Corporation
#P94000040847
2001 Florida Uniform Business Report

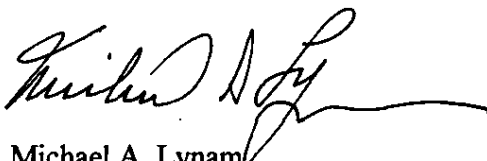
Via Certified Mail
Return Receipt Requested
7000 0520 0023 3009 0728

Gentlemen:

Enclosed please find the 2001 Florida Uniform Business Report for the above referenced corporation along with a check in the amount of \$158.75 for the annual registration fee and the additional fee required for a Certificate of Status.

Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,



Michael A. Lynam
Chief Accounting Officer

MAL:dd

Enclosures

CS/JP/CMH

2001 FLORIDA UNIFORM BUSINESS REPORT

ANNUAL FEE

2001 FLORIDA UNIFORM BUSINESS REPORT

ANNUAL FEE