.. 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

			,					
DOCU 1. Entity Nam	MENT # P940000641	58	. -	*	FILE SECRETARY (177		
BRITTANY OF ROSEMONT MANAGEMENT COMPANY, INC.					JECRETARY OF STATE TEVISION OF CORPORATIONS			
Principal Place of Business Mailing Address					00 MAY 16 PM 2: 26			
223 WILMINGTON WEST CHESTER PIKE 215 N. EOLA DRIVE CHADDS FORD, PA 19317 215 N. EOLA DRIVE ORLANDO, FL 32801-2028								
	, ,	,						
	lace of Business 1mington West Chester	3. Mailing Address Pike 215 No	rth E	Cola Driv	e			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State Glen Mills, PA City & State Orlando,			, Flo	orida	4. FEI Number Applied For Page 14. PEI Number Applied For Not Applied For Not Applicable			
Zip 19342	Country USA	Zip 32801	Country		5. Certificate of Status Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered	Agent		
DATT 179W	IA TAMES			Name -		•		
ZIJ N. LOIR DR.				Street Address	treet Address (P.O. Box Number is Not Acceptable)			
ORLANDO, FL 32801								
				City	FL	Zip Co	ode	
Tax filing r	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible equirement and elects to do so. it is on back)	FILE NOW! After MAY 1, 200 Make Check Payable	FEE IS	dli be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	_l Add∘	.00 May Be	
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P SPANO, CHRISTOPHER 223 WILMINGTON WEST CHADDS FORD, PA 19	CHESTER PIKE	TITLE NAME STREET CITY-S'	ADDRESS G1	ANO, CHRISTOPHER T. 4 Wilmington West Chester en Mills, PA. 19342	▼ Change Pike	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PHILLIPS, FRANK X. 223 WILMINGTON WEST CHADS FORD, PA 193	☐ Delete CHESTER PRIKE	NAME	ADDRESS 36	ILLIPS, FRANK X. 4 Wilmington West Chester en Mills, PA. 19342	□ Change Pike	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	5000032633 -05/23/0001 ****150.00	□ Change 3 7 5 - (1059 - (****15	ア	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	16216	☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME		Blan	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ADDRESS T-ZIP			·.	
indicated of the cor	on this report or supplemental report is	true and accurate and that my wered to execute this report a	z signatur	re shall have the	ection 119.07(3)(i), Florida Statutes. I further cer same legal effect as if made under oath; that I a 7, Florida Statutes; and that my name appears i	am an office	er or director	