

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90221 046 ***150.00

0061568

DOCUMENT # P95000030730

1. Entity Name

CHADDS FORD DEVELOPMENT COMPANY, INC.

Principal Place of Business

Mailing Address

**223 WILMINGTON WEST CHESTER PIKE
 CHADDS FORD PA 19317**

**215 N. EOLA DRIVE
 ORLANDO FL 32801**

00050654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2805825**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**BALLETTA, JAMES
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32802

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 _____ DATE _____

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	D	<input type="checkbox"/> Delete
NAME	SPANNO, THOMAS V	
STREET ADDRESS	223 WILMINGTON WEST CHESTER PIKE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	PST	<input type="checkbox"/> Delete
NAME	PHILLIPS, FRANK X	
STREET ADDRESS	223 WILMINGTON WEST CHESTER PIKE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	V	<input type="checkbox"/> Delete
NAME	BALLETTA, JAMES	
STREET ADDRESS	215 N EOLA DR	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Building 6 - Unit C	
STREET ADDRESS	364 Wilmington West Chester Pike	
CITY-ST-ZIP	Glen Mills PA 19342	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Building 6 Unit C	
STREET ADDRESS	364 Wilmington - West Chester Pike	
CITY-ST-ZIP	Glen Mills PA 19342	
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 _____

FRANK X. PHILLIPS, PRESIDENT

4/26/01

Date

Daytime Phone #

CR2E034 (10/00)