

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002545

1. Entity Name

GRANT-A-WISH FOUNDATION, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90007 039 \*\*\*\*61.25

Principal Place of Business	Mailing Address
PO BOX 21211 BALTIMORE MD 21228	PO BOX 21211 BALTIMORE MD 21228-0711

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
52-1332737	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STEEN, SAM \*see new address  
APT R-3  
2216 GULF SHORE BLVD  
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name Sam Steen  
Street Address (P.O. Box Number is Not Acceptable)  
5880 Three Iron Drive  
Unit 803  
City Naples, FL Zip Code 34110

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCREADY, RICHARD E	
STREET ADDRESS	RMI & ASSOC/ 9198 RED BRANCH ROAD	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUGHES, LEO JR	
STREET ADDRESS	PO BOX 21173 (N/A)*	
CITY-ST-ZIP	BALTIMORE MD 21228	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAPLAN, NANCY	
STREET ADDRESS	RMI & ASSOC/ 9198 RED BRANCH ROAD	
CITY-ST-ZIP	COLUMBIA MD 21045	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUNTER, CHRISTIE, CPA	
STREET ADDRESS	3608 PLATTE CT.	
CITY-ST-ZIP	ELLCOTT CITY MD 21042	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER, LEONARD P MD	
STREET ADDRESS	10100 COASTAL HIGHWAY	
CITY-ST-ZIP	OCEAN CITY MD 21842	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, BRIAN	
STREET ADDRESS	6 SOUTH ROLLING RD.	
CITY-ST-ZIP	CATONSVILLE MD 21228	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Brian R. Morrison, Exec. Dir. 410-242-1549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)