

# 2000 UNIFORM BUSINESS REPORT (UBR)

000865

**DOCUMENT # F99000003009**

1. Entity Name  
**CAPREIT OF PINE CLUB II, INC.**

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

00 FEB 28 AM 11:01

Principal Place of Business  
11200 ROCKVILLE PIKE, SUITE 100  
ROCKVILLE MD 20852

Mailing Address  
11200 ROCKVILLE PIKE, SUITE 100  
ROCKVILLE MD 20852-3152



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

52-2185411

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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, 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	SVPT	<input type="checkbox"/> Delete
NAME	ESPOSITO, BRUCE A	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	GOLDSHINE, JEFFREY A	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	HEYMANN, ERNEST L	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOODSELL, EUGENE H	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAND, RICK J	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECKER, SANDRA L	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-ST-ZIP	ROCKVILLE MD 20852	

TITLE	P/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kadish, Richard L	
STREET ADDRESS	11200 Rockville Pike, Suite 100	
CITY-ST-ZIP	Rockville, MD 20852	
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		

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-02/28/00--01135--007  
\*\*\*2476.25 \*\*\*150.00

*Handwritten signature/initials*

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: Robert A. Shapiro, Asst. V.P. for U.P. 2/15/00 (301) 231-8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)