

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90098 009 \*\*\*150.00

**DOCUMENT # 857103**

1. Entity Name  
**VERSAILLES-RIVER, INC.**

Principal Place of Business

**25 SOUTH CHARLES STREET  
 STE 2100  
 BALTIMORE MD 21201  
 US**

Mailing Address

**25 SOUTH CHARLES STREET  
 STE 2100  
 BALTIMORE MD 21201  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1293023**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**MATHEWS, LAWRENCE G., JR.  
 850 FIRSTSTATE TOWER  
 255 SOUTH ORANGE AVENUE  
 ORLANDO FL 32801**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

TITLE ☐ Delete  
 NAME **CD MEYERHOFF, HARVEY M.**  
 STREET ADDRESS **10 E. LEE ST**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ Delete  
 NAME **PTD MEYERHOFF, JOSEPH II**  
 STREET ADDRESS **4100 MT ZION RD.**  
 CITY-ST-ZIP **UPPERCO MD**

TITLE ☐ Delete  
 NAME **VS HUBER, PHILIP E**  
 STREET ADDRESS **3448 ELLICOTT CTR DR**  
 CITY-ST-ZIP **ELLICOTT CITY MD**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**PHILIP E. HUBER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-12-02 (410) 727-3200**

CR2E034 (4/02)

MAGNA PROPERTIES, INC.

Attachments

Ce 78242  
# 857103

September 12, 2002

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

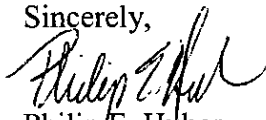
Re: Versailles River, Inc FEI # 52-1293023

Dear Sir/Madam,

As we did not receive prior notice/form URB for the year 2002, please waive the late fee.  
We have enclosed the original \$150.00 filing fee.

Please call me at 410-727-3200 if you have any questions.

Sincerely,

  
Philip E. Huber