

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

0105880 AT

DOCUMENT # F00000004079

1. Entity Name
CAPREIT OF LIVINGSTON, INC.

06-27-2001 90006 044 ***150.00

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

Mailing Address
11200 ROCKVILLE PIKE, SUITE 100
ROCKVILLE MD 20852

77433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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 \$550.00
After September 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KADISH, RICHARD L
11200 ROCKVILLE PIKE, SUITE 100
ROCKVILLE MD 20852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPTD
ESPOSITO, BRUCE A
11200 ROCKVILLE PIKE, SUITE 100
ROCKVILLE MD 20852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS
GOLDSHINE, JEFFREY A
11200 ROCKVILLE PIKE, SUITE 100
ROCKVILLE MD 20852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS
HEYMANN, ERNEST L
11200 ROCKVILLE PIKE, SUITE 100
ROCKVILLE MD 20852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
GOODSELL, EUGENE H
11200 ROCKVILLE PIKE, SUITE 100
ROCKVILLE MD 20852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
BAND, RICK J
11200 ROCKVILLE PIKE, SUITE 100
ROCKVILLE MD 20852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Eugene H. Goodsell

8/13/01

301-231-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004079 - 77433

1. Entity Name:

CAPREIT OF LIVINGSTON, INC.

Principal Place of Business:

Mailing Address:

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ROCKVILLE MD 20852

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ROCKVILLE MD 20852

2. Principal Place of Business:

3. Mailing Address:

Suite, Apt. #, etc.:

Suite, Apt. #, etc.:

DO NOT WRITE IN THIS SPACE

City & State:

City & State:

4. FEI Number:

APPLIED FOR

Applied Fee:

Not Applicable

Zip:

County:

Zip:

County:

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
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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 elect to pay:
(See criteria on page 2)

FILE NOW! FEE IS \$150.00

After MAY 1, 2002 Fee will be \$550

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fee

11. OFFICERS AND DIRECTORS:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TITLE	PD	<input type="checkbox"/> Delete
NAME	KADISH, RICHARD L	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-STATE-ZIP	ROCKVILLE MD 20852	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	ESPOSITO, BRUCE A	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-STATE-ZIP	ROCKVILLE MD 20852	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GOLDSHINE, JEFFREY A	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-STATE-ZIP	ROCKVILLE MD 20852	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HEYMANN, ERNEST L	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-STATE-ZIP	ROCKVILLE MD 20852	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOODSELL, EUGENE H	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-STATE-ZIP	ROCKVILLE MD 20852	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAND, RICK J	
STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 100	
CITY-STATE-ZIP	ROCKVILLE MD 20852	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(a), 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 of this report, unchanged, or on an attachment with an address, with all other like empower.

SIGNATURE:

Eugene H. Goodsell Eugene H. Goodsell

6/7/01

301-231-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deputy

CAPREIT INVESTMENT PARTNERS, LP

00000107

Attachment Doc# F00000004079-77433

DATE 06/13/01 CHECK NO. 000107 VENDOR NO. DE004

INVOICE NO.	INVOICE DATE	AMOUNT	DISCOUNT	VOUCHER NO.	NET AMOUNT
522258367	06/06/01	150.00	0.00	VOUCHER 000175	150.00
CAPREIT of Livingston, Inc. FL USR- 2021					
TOTALS					
		150.00	0.00		150.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER - THE BACK CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

CAPREIT INVESTMENT PARTNERS, LP
11200 Rockville Pike
Suite 100
Rockville, MD 20852

Suntrust Bank
Bethesda, MD

66-270/550

00000107

PAY TO THE ORDER OF
ONE HUNDRED FIFTY AND NO/100 Dollars

DATE
06/13/01

CHECK NUMBER
000107

TO THE
ORDER
OF

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

AMOUNT
*****\$150.00

2 SIGNERS REQUIRED OVER \$1,000

BORDER CONTAINS MICROPRINTING

⑈00000107⑈ ⑆055002707⑆ 209511826⑈

CAPREIT INVESTMENT PARTNERS, LP

00000107

DATE 06/13/01 CHECK NO. 000107 VENDOR NO. DE004

INVOICE NO.	INVOICE DATE	AMOUNT	DISCOUNT	VOUCHER NO.	NET AMOUNT
522258367	06/06/01	150.00	0.00	VOUCHER 000175	150.00
USDO-RR bin CAPREIT Inc					
TOTALS					
		150.00	0.00		150.00

Attachment Doc # F00000004079
77433



August 3, 2001

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

Re: CAPREIT of Livingston, Inc.
F00000004079

We received another 2001 Uniform Business Report in the mail requesting that we "File Now! Due by September 12, 2001". We had filed a UBR earlier this year and had enclosed a \$150 check for the filing fee.

I spoke with Tyrone in your office about the status of our filing. Tyrone was very helpful and explained that a letter had been sent to us on June 28 apparently requesting that we update the FEI Number. We have not received that letter. However, I am providing a new 2001 UBR with the FEI Number (52-2258367) written in.

Tyrone also said to note that the \$150 filing fee has been paid (copy of check and prior filing is enclosed).

Thank you very much for handling this. Should you have any questions, please call me at 301-468-8340.

Sincerely,

A handwritten signature in cursive script that reads "Eugene H. Goodsell".

Eugene H. Goodsell
Vice President and Controller