

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90160 010 \*\*\*150.00

DOCUMENT # F01000001969

1. Entity Name

THI III GL LAND CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

410 SEVERN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

314

City & State

City & State

ANNAPOLIS MD

Zip

Country

Zip

Country

21403

USA

4. FEI Number

52-2307042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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 date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1: Fee is \$150.00.

After May 1: Fee is \$550.00.

Amended UBR is \$61.25

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	P
NAME	WEYMER, DAVID J
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP	ANNAPOLIS MD 21403
TITLE	VT
NAME	WARFIELD, CARROLL M
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP	ANNAPOLIS MD 21403
TITLE	VS
NAME	REID, MARTIN A
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP	ANNAPOLIS MD 21403
TITLE	VAS
NAME	KAMMERER, THOMAS E
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP	ANNAPOLIS MD 21403
TITLE	VAS
NAME	DROEGE, GEORGE S
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP	ANNAPOLIS MD 21403
TITLE	VAS
NAME	DO, SON
STREET ADDRESS	410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP	ANNAPOLIS MD 21403

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

410-268-0515

Date

Daytime Phone #

CR2E034B (12/01)