

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90096 031 ***150.00

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

DOCUMENT # F01000001971

1. Entity Name

THE III GL LESSEE CORPORATION

DO NOT WRITE IN THIS SPACE

B0051420

2. Principal Place of Business

NONE

3. Mailing Address

410 SEVERN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

314

DO NOT WRITE IN THIS SPACE

City & State

City & State

ANNAPOLIS, MD

4. FEI Number

52-23 07041

Applied For

Not Applicable

Zip

Country

Zip

Country

21403

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 RD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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)



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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WEYMER, DAVID J
410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
WARFIELD, CARROLL M
410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
REID, MARTIN A
410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
KAMMERER, THOMAS E
410 SEVERN AVENUE, SUITE 314
ANNAPOLIS MARYLAND 21403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
DROBIE, GREGORY S
410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
DO, SUN S
410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

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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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/02 410-268-0515

CR2E034B (12/01)