

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005589

1. Entity Name
REACH RESORT INVESTMENT CORPORATION



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90402 036 ***150.00

Principal Place of Business
6000 EXECUTIVE BLVD.
7TH FLOOR
ROCKVILLE MD 20852

Mailing Address
6000 EXECUTIVE BLVD.
7TH FLOOR
ROCKVILLE MD 20852



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 52-1854404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MEISEL, JOEL S
STREET ADDRESS 6000 EXECUTIVE BLVD. 7TH FL
CITY-ST-ZIP ROCKVILLE MD 20852 ☐ Delete

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

TITLE VP
NAME SATURN, MARTIN J
STREET ADDRESS 6000 EXECUTIVE BLVD. 7TH FL
CITY-ST-ZIP ROCKVILLE MD 20852 ☐ Delete

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

TITLE VP
NAME PATTON, MARLENE
STREET ADDRESS 6000 EXECUTIVE BLVD. 7TH FL
CITY-ST-ZIP ROCKVILLE MD 20852 ☐ Delete

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

TITLE S
NAME DROZ, MARVIN I
STREET ADDRESS 680 ANDERSON DR.
CITY-ST-ZIP PITTSBURGH PA 15220 ☐ Delete

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

TITLE T
NAME MEISEL, JOEL S
STREET ADDRESS 6000 EXECUTIVE BLVD. 7TH FL
CITY-ST-ZIP ROCKVILLE MD 20852 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

3018812804

Daytime Phone #

CR2E034 (10/02)