

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004084

1. Entity Name

ROUSE-FORT MYERS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90012 048 ***150.00

Principal Place of Business 10275 LITTLE PATUXENT PKWY THE ROUSE COMPANY COLUMBIA MD 21044	Mailing Address THE ROUSE COMPANY C/O TAX DEPT.. 10275 LITTLE PATUXENT PKWY COLUMBIA MD 21044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>90 Tax Dept.</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-1941258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P DEERING, ANTHONY W 10275 LITTLE PATUXENT PKWY COLUMBIA MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MCGREGOR, DOUGLAS A 10275 LITTLE PATUXENT PKWY COLUMBIA MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP HULLINGER, ELIZABETH A 10275 LITTLE PATUXENT PKWY COLUMBIA MD 21044	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V DONAHUE, JEFFREY H 10275 LITTLE PATUXENT PKWY COLUMBIA MD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ROTHSCHILD, BRUCE I 10275 LITTLE PATUXENT PKWY COLUMBIA MD	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S GORDON H. GLENN 10275 LITTLE PATUXENT PKWY COLUMBIA, MARYLAND 21044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP YUNGMANN, GEORGE L 10275 LITTLE PATUXENT PKWY COLUMBIA MD	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP MELANIE M. LUNDQUIST 10275 LITTLE PATUXENT PARKWAY COLUMBIA, MARYLAND, 21044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Elizabeth A. Hullinger* **Elizabeth A. Hullinger** 2/16/00 410-992-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)