

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005339**

1. Entity Name

FLORIDA-CRC CORP.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90071 011 ***150.00

Principal Place of Business

17 W. PENNSYLVANIA AVE
500
TOWSON MD 21204

Mailing Address

17 W. PENNSYLVANIA AVE
500
TOWSON MD 21204

00028341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

City & State

4. FEI Number **52-0738521**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RYAN, JEAN A ESQ
BOND, SCHOENECK & KING, P.A.
1167 THIRD ST S., SUITE 107
NAPLES FL 34102-7098

Name

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

4001 North Tamiami Trail Suite 404

City Naples

FL

Zip Code 34103

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DPT
NAME WETKEMEYER, JR. J ☐ Delete
STREET ADDRESS 17 W PENNSYLVANIA AVE
CITY-ST-ZIP TOWSON MD 21204TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME SCHAPIRO, J. MARK ☐ Delete
STREET ADDRESS 17 W. PENNSYLVANIA AVE
CITY-ST-ZIP TOWSON MD 21204TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AS
NAME KINNEAR, JR. W ☐ Delete
STREET ADDRESS 17 W. PENNSYLVANIA AVE
CITY-ST-ZIP TOWSON MD 21204TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V
NAME RIEF, LAWRENCE G ☐ Delete
STREET ADDRESS 17 W. PENNSYLVANIA AVE
CITY-ST-ZIP TOWSON MD 21204TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)