

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED
Pg. 1 of 2

DOCUMENT # F96000006583

1. Entity Name
SÉMINOLE-OXFORD CORPORATION

00 JUL 19 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7200 WISCONSIN AVE., STE. 1100
BETHESDA MD 20814

Mailing Address
7200 WISCONSIN AVE., STE. 1100
BETHESDA MD 20814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **52-2007672**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	CCEO ZICKLER, LEO E 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAVIN, FRANCIS P 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOWNING, ROBERT B 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAMS, MARC B 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLARD, KENNETH C 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACK, BARRY Z ONE INDIANA SQ. INDIANAPOLIS IN 46204	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD/AS EWERS, MARY ANN 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: MARY ANN EWERS 7-14-00 301-654-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (1/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 766888 4321985

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 550.00

ORDER DATE : July 18, 2000

ORDER TIME : 4:11 PM

ORDER NO. : 766888-090

CUSTOMER NO: 4321985

CUSTOMER: Mary Ann Ewers, Legal Asst
Oxford Realty Financial Group
7200 Wisconsin Ave.
11th Floor
Bethesda, MD 20814-4815

ANNUAL REPORT FILING

NAME: SEMINOLE-OXFORD CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA

RECEIVED
00 JUL 19 PM 4:38
EXAMINER'S INITIALS
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA