

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000307

1. Entity Name

ROUSE-CORAL GABLES, INC.

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

02-26-2000 90012 047 ***150.00

Principal Place of Business % OFFICE OF THE GENERAL COUNSEL, ROUSE CO. 10275 LITTLE PATUXENT PKWY. COLUMBIA MD 21044	Mailing Address THE RHOUSE 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 52-2013093	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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.

SIGNATURE _____ (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, 2000 Fee will be \$550.00
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEERING, ANTHONY W			NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.			STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD 21044			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGREGOR, DOUGLAS A			NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.			STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD 21044			CITY-ST-ZIP			
TITLE	VCFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONAHUE, JEFFREY H			NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.			STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD 21044			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KASSOLIS, DUKE S			NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.			STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD 21044			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LATTA, PAUL I JR.			NAME			
STREET ADDRESS	10275 LITTLE PATUXENT PKWY.			STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA SC 21044			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HULLINGER, ELIZABETH A			NAME			
STREET ADDRESS	10275 LITTLEPATUXENT PKWY			STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA SC 21044			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: *Elizabeth A. Hullinger* *Elizabeth A. Hullinger* 2/16/00 410992-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)