

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002801

1. Entity Name

BELTWAY MANAGEMENT COMPANY

Principal Place of Business

10770 COLUMBIA PIKE
SILVER SPRING MD 20901
US

Mailing Address

10770 COLUMBIA PIKE
SILVER SPRING MD 20901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

BRIAN COURTNEY ASST. V.P.

(NOTE: Registered Agent must be reinstating)

DATE

11/8/2000

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	CEO LANDRY, DONALD J 10770 COLUMBIA PIKE SILVER SPRING MD 20901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIRICO, ANTONIO 10770 COLUMBIA PIKE SILVER SPRING MD 20901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFT MACCUTCHEON, JAMES A 10770 COLUMBIA PIKE SILVER SPRING MD 20901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCS VERNER, DOUGLAS H 10770 COLUMBIA PIKE SILVER SPRING MD 20901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS WILLIAM, PAMELA M 10770 COLUMBIA PIKE SILVER SPRING MD 20901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President - Finance Charles G. Warczak Jr. 1077 Columbia Pike Silver Spring, MD 20901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003493262-2 -12/11/00--01034--021 ****750.00 ****750.00	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-00

Date

Daytime Phone #

301-546-3846

FILED

00 NOV -9 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FET Number 52-2032095

Applied For
Not Applicable

CR2E034 (5/00)