2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800000118 1. Entity Name CAPREIT OF BISCAYNE BEACHCLUB, INC.						711.7.1	, Lsiali		
					CHURE TARY OF STATE WAS STONE OF CORPORATION				
		——————————————————————————————————————			n	0 FEB 28	AM 10: 59		
Principal Place of Business Mailing Address					J				
SUITE 100 S ROCKVILLE MD 20852 F		11200 ROCKVILLE PIKE SUITE 100 ROCKVILLE MD 20852-3152							
US		US			1 (46)(44 (4 1) (41)	ABOU ABOU ABOU BANK	48)) 88 (8) (4 8)	I)	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Country		52 - 267 (7.2.5 5. Certificate of Status I	Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	Pagistered Agent			7 Name and Address	of New Registers	Fee Require	a	
b. Hame and Address of Surrent negistered Agent				7. Name and Address of New Registered Agent Name					
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)					
	1 HAYS STREET		Sireet	Address (i .	O. Box Number is Not A				
TALI	LAHASSEE FL 32301-2525								
			City			F	Zip Code	е	
8. The above	e named entity submits this statement for	the purpose of changing its	s registered office	or registere	d agent, or both, in the S	tate of Florida.	<u>-</u>		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Do).00 \$550.00	10. Election Cam		\$5.0	May Be	
•	,	1		OI State	ADDITIONS/CHANGE	0.TO OFFICEDO A	NO DIDECTOR	C (N) 11	
11. TITLE	OFFICERS AND I	Delete	12. TITLE	IP/N	ICEO	S TO OFFICERS P	Change	Addition	
NAME	KADISH, RICHARD L	☐ Delete	NAME	11/2	1 6 0		pa onango		
STREET ADDRESS			STREET ADDRESS	;					
CITY-ST-ZIP	ROCKVILLE MD 20852		CITY-ST-ZIP						
TITLE	VCT	☐ Delete	TITLE	SVP	LT/D/CFO		Change	☐ Addition	
NAME STREET ADDRESS	ESPOSITO, BRUCE A		NAME STREET ADDRESS		-		·		
CITY-ST-ZIP	11200 ROCKVILLE PIKE ROCKVILLE MD 20852	t mire	CITY-ST-ZIP		To the second se				
TITLE	VS	☐ Delete	TITLE	SVP/	< /		🔽 Change	☐ Addition	
NAME	GOLDSHINE, JEFFREY A		NAME	3.7	•		~		
STREET ADDRESS			STREET ADDRESS	;]	9000	00315	0069	8	
CITY-ST-ZIP	ROCKVILLE MD 20852	. <u>_</u>	CITY-ST-ZIP	, ,		-02/28/00-	01135	UU(Ceroor	
TITLE	V	☐ Delete	TITLE	SVP/S	5	***2476.2		SITE Agridion	
NAME STREET ADDRESS	HEYMANN, ERNEST L		NAME STREET ADDRESS	. '					
CITY-ST-ZIP	11200 ROCKVILLE PIKE I ROCKVILLE MD 20852		CITY-ST-ZIP						
TITLE	AV	☐ Delete	TITLE	İ			Change	☐ Addition	
NAME	SHAPIRO, ROBERT A		NAME						
STREET ADDRESS			STREET ADDRESS	:	102/28				
CITY-ST-ZIP	ROCKVILLE MD 20852		CITY-ST-ZIP		$V(1,D)_{c,a}$		_		
TITLE	V	Delete	TITLE		<i>P</i> *		☐ Change	☐ Addition	
NAME CTREET ADDRESS	BECKER, SANDRA L		NAME	1				1	
	44000 BOOM ! E BUT		STREET VIDDOLES	: I					
STREET ADDRESS CITY-ST-ZIP	11200 ROCKVILLE PIKE ROCKVILLE MD 20852		STREET ADDRESS CITY-ST-ZIP	;					

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 SQUING OFFICER OR DIRECTOR

2/4/00

(301)231-8700