

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90016 006 ***150.00

0578692 AT

DOCUMENT # F98000002464

1. Entity Name

HIGHLAND CENTER, INC.

Principal Place of Business

Mailing Address

**% CONTINENTAL REALTY CORP.
 17 W. PENNSYLVANIA AVE., STE. 500
 TOWSON MD 21204**

**% CONTINENTAL REALTY CORP.
 17 W. PENNSYLVANIA AVE., STE. 500
 TOWSON MD 21204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2098792

Applied For

Not Applicable

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.
 4001 NORTH TAMiami TRAIL, SUITE 404
 NAPLES FL 34103**

**Naples Lawdock, Inc.
 4501 Tamiami Trail North, Suite 300
 Naples, Florida 34103-3060**

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 **John D. Humphreville, Vice President**

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, 2002 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 **D** ☐ Delete
 NAME **LUETKEMEYER, JOHN A JR.**
 STREET ADDRESS **17 WEST PENNSYLVANIA AVE., STE. 500**
 CITY-ST-ZIP **TOWSON MD 21204**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SCHAPIRO, J. MARK**
 STREET ADDRESS **17 WEST PENNSYLVANIA AVE., STE. 500**
 CITY-ST-ZIP **TOWSON MD 21204**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VAS** ☐ Delete
 NAME **KINNEAR, WILLIAM H**
 STREET ADDRESS **17 WEST PENNSYLVANIA AVE., STE. 500**
 CITY-ST-ZIP **TOWSON MD 21204**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

William H. Kinnear Jr. 3/6/02 410-296-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)