

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002464

1. Entity Name  
HIGHLAND CENTER, INC.Principal Place of Business  
6 CONTINENTAL REALTY CORP.  
17 W. PENNSYLVANIA AVE., STE. 500  
TOWSON MD 21204Mailing Address  
6 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 &amp; State

City &amp; State

Zip

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

RYAN, JEAN A ESQ.  
BOND, SCHOENECK & KING, P.A.  
4001 NORTH TAMiami TRAIL, SUITE 404  
NAPLES FL 34103

## 7. Name and Address of New Registered Agent

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 2/26/02

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 State10. 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  
NAME LUETKEMEYER, JOHN A JR.  
STREET ADDRESS 17 WEST PENNSYLVANIA AVE., STE. 500  
CITY-ST-ZIP TOWSON MD 21204 Delete Change  AdditionTITLE D  
NAME SCHAPIRO, J. MARK  
STREET ADDRESS 17 WEST PENNSYLVANIA AVE., STE. 500  
CITY-ST-ZIP TOWSON MD 21204 Delete Change  AdditionTITLE VAS  
NAME KINNEAR, WILLIAM H  
STREET ADDRESS 17 WEST PENNSYLVANIA AVE., STE. 500  
CITY-ST-ZIP TOWSON MD 21204 Delete Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete Change  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: *William N. Kinnear Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2698/90

AT

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

03-19-2002 90016 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)