

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002904

1. Entity Name

CP OLEANDER I, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90106 032 \*\*\*150.00

Principal Place of Business

Mailing Address

250 WEST PRATT ST., 23RD FL.  
BALTIMORE MD 21201-2423

250 WEST PRATT ST., 23RD FL.  
BALTIMORE MD 21201-2423

713568



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**111 Market Place**

3. Mailing Address  
**111 Market Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

**Suite 200**

City & State

City & State

**Baltimore, MD**

**Baltimore, MD**

Zip  
**21202**

Country  
**United States**

Zip  
**21202**

Country  
**United States**

4. FEI Number

**52-2100990**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

(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 **D** ☒ Delete  
NAME **CROOKE, EDWARD A**  
STREET ADDRESS **250 W PRATT ST 23RD FLOOR**  
CITY-ST-ZIP **BALTIMORE MD 21201-2423**

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

TITLE **DS** ☐ Delete  
NAME **SKOWRONSKI, DAN R**  
STREET ADDRESS **250 WEST PRATT ST., 23RD FL.**  
CITY-ST-ZIP **BALTIMORE MD 21201-2423**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **111 Market Place, Suite 200**  
CITY-ST-ZIP **Baltimore, MD 21202**

TITLE **DP** ☐ Delete  
NAME **WALTER, JOHN F**  
STREET ADDRESS **250 WEST PRATT ST., 23RD FL.**  
CITY-ST-ZIP **BALTIMORE MD 21201-2423**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **111 Market Place, Suite 200**  
CITY-ST-ZIP **Baltimore, MD 21202**

TITLE **V** ☐ Delete  
NAME **PERRY, DOUGLAS S**  
STREET ADDRESS **250 WEST PRATT ST., 23RD FL.**  
CITY-ST-ZIP **BALTIMORE MD 21201-2423**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **111 Market Place, Suite 200**  
CITY-ST-ZIP **Baltimore, MD 21202**

TITLE **T** ☐ Delete  
NAME **GARMAN, CHARLES E JR.**  
STREET ADDRESS **250 WEST PRATT ST., 23RD FL.**  
CITY-ST-ZIP **BALTIMORE MD 21201-2423**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **111 Market Place, Suite 200**  
CITY-ST-ZIP **Baltimore, MD 21202**

TITLE **V** ☐ Delete  
NAME **LINTHICUM, CHARLES H**  
STREET ADDRESS **250 W PRATT ST 23RD FLOOR**  
CITY-ST-ZIP **BALTIMORE MD 21201-2423**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **111 Market Place, Suite 200**  
CITY-ST-ZIP **Baltimore, MD 21202**

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: *Dan R. Skowronski* **Dan R. Skowronski, Secretary**

(410) 230-4681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)