

2000 UNIFORM BUSINESS REPORT (UBR)

000662

DOCUMENT # F98000003969

1. Entity Name

CAPREIT OF WATERFORD PARK, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 AM 10:58

Principal Place of Business

Mailing Address

11200 ROCKVILLE PIKE
STE 100
ROCKVILLE MD 20852
US

11200 ROCKVILLE PIKE
STE 100
ROCKVILLE MD 20852-3152
US

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

52-2104985

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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	PDCE	<input type="checkbox"/> Delete
NAME	KADISH, RICHARD	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VCFT	<input type="checkbox"/> Delete
NAME	ESPOSITO, BRUCE A	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDSHINE, JEFFREY A	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEYMANN, ERNEST L	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOODSELL, EUGENE H	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	AV	<input type="checkbox"/> Delete
NAME	SHAPIRO, ROBERT A	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	

TITLE	P/D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/D/T/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Robert A. Shapiro, Asst. V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert A. Shapiro

2/4/00
Date

(301)231-8700
Daytime Phone #

CR2E034 (9/99)