

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90028 001 \*1,600.00

0105985 AT

**DOCUMENT # F98000003969**

1. Entity Name

**CAPREIT OF WATERFORD PARK, INC.**

Principal Place of Business

**11200 ROCKVILLE PIKE  
 STE 100  
 ROCKVILLE MD 20832  
 US**

Mailing Address

**11200 ROCKVILLE PIKE  
 STE 100  
 ROCKVILLE MD 20832  
 US**

**77675**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-2104985**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PDCE  
 KADISH, RICHARD  
 11200 ROCKVILLE PIKE  
 ROCKVILLE MD 20852** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VDTC  
 ESPOSITO, BRUCE A  
 11200 ROCKVILLE PIKE  
 ROCKVILLE MD 20852** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SVS  
 GOLDSHINE, JEFFREY A  
 11200 ROCKVILLE PIKE  
 ROCKVILLE MD 20852** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SVS  
 HEYMANN, ERNEST L  
 11200 ROCKVILLE PIKE  
 ROCKVILLE MD 20852** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 GOODSSELL, EUGENE H  
 11200 ROCKVILLE PIKE  
 ROCKVILLE MD 20852** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AV  
 SHAPIRO, ROBERT A  
 11200 ROCKVILLE PIKE  
 ROCKVILLE MD 20852** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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:

**SIGNATURE REQUIRED**  
*Eugene H. Goodsell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/01  
 Date

301-231-8700  
 Daytime Phone #

CP2E034 (5/01)

Attachment  
D# F98000003969



77675 FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 28, 2001

CAPREIT OF WATERFORD PARK, INC.  
11200 ROCKVILLE PIKE  
STE 100  
ROCKVILLE, MD 20832 US

Subject: CAPREIT OF WATERFORD PARK, INC.

Reference Number: F98000003969

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

~~If you have additional questions or need further assistance, please call the~~  
Division of Corporations at (850) 488-9000.

/ms

ANNUAL REPORTS SECTION

Attachment Doc# F98000003969



77675

June 7, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Late Filing - CAPREIT of Waterford Park, Inc.

I became very concerned yesterday when I noted that we had not yet filed the 2001 Uniform Business Report which apparently was due May 1. We have two women out on maternity leave and the person who handled this filing last year has left the company. No one was aware this report was due, and thus the filing and payment seems to have fallen through the cracks.

Yesterday, once I noted this report (and UBRs for other corporations in Florida) was late and that there could be a substantial late fee, I immediately called your office to see if there is some way to obtain a waiver of the fee. The individual handling phone inquiries was very helpful and asked that I write a letter explaining the circumstances so that your office could consider waiving the late fee. She asked that we send the letter with the UBR and check for the regular fee.

We realize we are late in filing, but we respectfully request any late fees be waived for this year's filing. Thank you so much for your consideration.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Eugene H. Goodsell".

Eugene H. Goodsell  
VP & Controller