

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005079

1. Entity Name

CRF SPRINGS PLAZA, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90048 018 \*\*\*150.00

Principal Place of Business

Mailing Address

% CONTINENTAL REALTY CORP.  
17 W PENNSYLVANIA AVE., 5TH FLOOR  
TOWSON MD 21204

% CONTINENTAL REALTY CORP.  
17 W PENNSYLVANIA AVE., 5TH FLOOR  
TOWSON MD 21204-5016

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 52-2105903

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 ESQUIRE  
BOND, SCHOENECK & KING, P.A.  
1167 THIRD STREET SOUTH  
NAPLES FL 33940-7098

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 PCTD ☐ Delete  
NAME LUETKEMEYER, JOHN A JR  
STREET ADDRESS 17 W PENNSYLVANIA AVENUE, 5TH FLOOR  
CITY-ST-ZIP TOWSON MD 21204

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

TITLE VSVC ☐ Delete  
NAME SHAPIRO, J. M  
STREET ADDRESS 17 W PENNSYLVANIA AVENUE, 5TH FLOOR  
CITY-ST-ZIP TOWSON MD 21204

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

TITLE AS ☐ Delete  
NAME KINNEAR, WILLIAM J JR  
STREET ADDRESS 17 W PENNSYLVANIA AVENUE, 5TH FLOOR  
CITY-ST-ZIP TOWSON MD 21204

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William N Kinneary Jr

3/27/00 410-296-4800

CR2E034 (9/99)