

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005330

1. Entity Name

UDLP HOLDINGS CORP.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90081 040 ***550.00

Principal Place of Business

1525 WILSON BOULEVARD, SUITE #700
ARLINGTON VA 22209

Mailing Address

1525 WILSON BOULEVARD, SUITE #700
ARLINGTON VA 22209

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 52-2059780

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 PCEO ☐ Delete
NAME RABAUT, THOMAS W
STREET ADDRESS 1525 WILSON BOULEVARD, SUITE #700
CITY-ST-ZIP ARLINGTON VA 22209

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

TITLE CFOV ☐ Delete
NAME RABORN, FRANCIS
STREET ADDRESS 1525 WILSON BOULEVARD, SUITE #700
CITY-ST-ZIP ARLINGTON VA 22209

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

TITLE VGCS ☐ Delete
NAME KOLOVAT, DAVID V
STREET ADDRESS 1525 WILSON BOULEVARD, SUITE #700
CITY-ST-ZIP ARLINGTON VA 22209

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

TITLE VGM ☐ Delete
NAME ROBERTS, ARTHUR L
STREET ADDRESS 1525 WILSON BOULEVARD, SUITE #700
CITY-ST-ZIP ARLINGTON VA 22209

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

TITLE VGM ☐ Delete
NAME STRADER, FREDERICK M
STREET ADDRESS 4800 EAST RIVER RD.
CITY-ST-ZIP MINNEAPOLIS MN 55421

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

TITLE V ☐ Delete
NAME WAGNER, DENNIS A
STREET ADDRESS 1525 WILSON BOULEVARD, SUITE #700
CITY-ST-ZIP ARLINGTON VA 22209

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

703-312-6100

Daytime Phone #

CR2E034 (5/00)