

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90131 001 *1,650.00

DOCUMENT # F98000006569

1. Entity Name

THE TOWN AND COUNTRY ORIOLE CORPORATION



Principal Place of Business

100 S. CHARLES ST., STE. 1700
BALTIMORE MD 21201

Mailing Address

100 S. CHARLES ST., STE. 1700
BALTIMORE MD 21201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

00434003



MOORE

CR2E034 (4/04)

4. FEI Number **52-1838100**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> Delete
NAME	LASKER, ALAN W ✓	
STREET ADDRESS	100 S. CHARLES ST., STE. 1700	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	DPAS	<input type="checkbox"/> Delete
NAME	SCHULWEIS, HARVEY ✓	
STREET ADDRESS	100 S. CHARLES ST., STE. 1700	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERICK, JAMES H ✓	
STREET ADDRESS	1350 EATON CENTER, 1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HAAS, GERALD J ✓	
STREET ADDRESS	100 S CHARLES ST, #1700	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERICK, DANIEL G ✓	
STREET ADDRESS	1350 EATON CENTER, 1111 SUPERIOR AVE.	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	DOLPHIN, JAMES ✓	
STREET ADDRESS	100 S CHARLES STREET, #1700	
CITY-ST-ZIP	BALTIMORE MD 21201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

James Dolphin Sr.
James Dolphin Sr. /VP/Treasurer

8/04/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #