

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90005 009 \*\*\*550.00

**DOCUMENT # F98000006570**

1. Entity Name

**THE TOWN AND COUNTRY HOLDING CORPORATION II**

Principal Place of Business

**100 S. CHARLES ST. SUITE 1700  
 BALTIMORE MD 21201**

Mailing Address

**100 S. CHARLES ST. SUITE 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

4. FEI Number

**52-1860245**

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

**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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C LERNER, ALFRED 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHULWEIS, HARVEY 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROSEN, MICHAEL H 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MUNCH, JENNIFER C 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERICK, JAMES H 1350 EATON CENTER, 1111 SUPERIOR AVE CLEVELAND OH 44114</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BERICK, DANIEL G 1350 EATON CENTER, 1111 SUPERIOR AVE CLEVELAND OH 44114</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President Gerald J. Haak 100 South Charles Street, Ste 1700 Baltimore, MD 21201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr: VP/Treasurer James Dolphin 100 S. Charles Street, Ste 1700 Baltimore, MD 21201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 a other like empowered.

SIGNATURE:

*James Dolphin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/01

(410) 539-7600

Date

Daytime Phone #

CR2E034 (5/01)