## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9900001401  1. Entity Name						F	ıı.E.b.			
CAPREIT OF SUTTON PLACE, INC.						FILED LUCKETARY OF STATE FACION OF CORPORATIONS				
Principal Place	e of Business	Mailing Address			$\dashv$	00 FEB 2	B AMII	: 02		
·	.e pike, ste. 100	11200 ROCKVILLE PIKE. STE. 100								
ROCKVILLE MD		ROCKVILLE MD 20852-3152								
2. Principal Place of Business		3. Mailing Address				- I HANNER HITE KIND HAN BANK BANK BANK BANK BANK BANK BANK BA				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number -2/57/52	<del>9</del> 8°		plied For t Applicable	
Zip Country		Zip Country			Certificate of Status Desired		\$8.75 Add	litional		
	6. Name and Address of Current R	egistered Agent	1		7. N	lame and Address of New I		•	<u> </u>	
Name										
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						
PLAN	TATION FL 33324									
				City			FL	Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its i	registered	d office or regi	stered age	ent, or both, in the State of Fl	orida.			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signature req	urred when rei	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00						40 Floation Compoint Fi	ing	<b></b>	0	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fi Trust Fund Contribution			May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.		ADI	DITIONS/CHANGES TO OF	FICERS AND		i	
TITLE	PCEO KADISH, RICHARD L	☐ Delete	TITLE NAME					Change	☐ Addition	
NAME STREET ADDRESS	11200 ROCKVILLE PIKE, STE. 100	ı		T ADDRESS		ടരാവ്യൂട്ട	3150	465	0	
CITY-ST-ZIP	ROCKVILLE MD 20852	_	CITY-:	ST-ZIP		ر /رےیا (*بلانقانقان	28/001 476.25	<u> 本本本本1</u> 	50.00—	
TITLE	VCFO	☐ Delete	TITLE				. *   D = C.O	☐ Change	Addition	
NAME	ESPOSITO, BRUCE A		NAME	l						
STREET ADDRESS CITY-ST-ZIP	11200 ROCKVILLE PIKE, STE. 100 ROCKVILLE MD 20852			T ADDRESS ST-ZIP						
TITLE	VS	☐ Delete	TITLE					Change	Addition	
NAME	GOLDSHINE, JEFFREY A	Below	NAME					_ `		
STREET ADDRESS	11200 ROCKVILLE PIKE, STE. 100	l		T ADDRESS						
CITY-ST-ZIP	ROCKVILLE MD 20852			ST-ZIP						
TITLE NAMÉ	VS HEYMANN, ERNEST L	☐ Delete	TITLE					Change	Addition \	
STREET ADDRESS	11200 ROCKVILLE PIKE, STE. 100	1		T ADDRESS						
CITY-ST-ZIP	ROCKVILLE MD 20852		CITY-	ST-ZIP						
TITLE	٧	☐ Delete	TITLE					Change	☐ Addition	
NAME	GOODSELL, EUGENE H		NAME	T ADDRESS		h \az				
STREET ADDRESS CITY-ST-ZIP	11200 ROCKVILLE PIKE, STE. 100 ROCKVILLE MD 20852			ST-ZIP		KINUO				
TITLE	V	Delete	TITLE	-	4	<del>)/</del>		☐ Change	☐ Addition	
NAME	BAND, RICK J		NAME		,					
STREET ADDRESS CITY-ST-ZIP	11200 ROCKVILLE PIKE, STE. 100 ROCKVILLE MD 20852			T ADDRESS ST-ZIP						
13. I hereby d	ertify that the information supplied with t	his filing does not qualify for	the exem	notion stated in	Section 1	119.07(3)(i), Florida Statutes	. I further cer	ify that the ir	nformation	
indicated of the cor	on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, w	rue and accurate and that me vered to execute this report a	ny signatu as require	ire shall have t	the same b	egal effect as it made under	oath: that I a	m an officer	or director	