

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003462

1. Entity Name

COCHRAN, STEPHENSON & DONKERVOT, INCORPORATED

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90040 038 ***150.00

Principal Place of Business	Mailing Address
323 WEST CAMDEN STREET, SUITE 700 WAREHOUSE AT CAMDEN YARDS BALTIMORE MD 21201	323 WEST CAMDEN STREET, SUITE 700 WAREHOUSE AT CAMDEN YARDS BALTIMORE MD 21201-8601

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	52-0886446	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONKERVOT, RICHARD C		NAME		
STREET ADDRESS	323 WEST CAMDEN STREET, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21201		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLINGER, MICHAEL E		NAME		
STREET ADDRESS	323 WEST CAMDEN STREET, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21201		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIPTON, GLEN A		NAME		
STREET ADDRESS	323 WEST CAMDEN STREET, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21201		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPIES, THOMAS P		NAME		
STREET ADDRESS	323 WEST CAMDEN STREET, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21201		CITY-ST-ZIP		
TITLE	SVSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALVEZ, JOSE L III		NAME		
STREET ADDRESS	323 WEST CAMDEN STREET, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21201		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEATHERBY, RICHARD T		NAME		
STREET ADDRESS	323 WEST CAMDEN STREET, SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD 21201		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 #

MICHAEL E BOLINGER 3/15/00 410-539-2080