

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90016 008 \*\*\*150.00

0678691 AT

**DOCUMENT # F99000004469**

1. Entity Name  
**CRF RIVER REACH, INC.**

Principal Place of Business Mailing Address  
**C/O CONTINENTAL REALTY CORP.** **C/O CONTINENTAL REALTY CORP.**  
**17 WEST PENNSYLVANIA AVENUE, 5TH FLOOR** **17 WEST PENNSYLVANIA AVENUE, 5TH FLOOR**  
**TOWSON MD 21204** **TOWSON MD 21204**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>52-2187458</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RYAN, JEAN A ESQ</b> <b>4001 NORTH TAMiami TRAIL</b> <b>SUITE 404</b> <b>NAPLES FL 34103</b>				<b>Naples Lawdock, Inc.</b> <b>4501 Tamiami Trail North, Suite 300</b> <b>Naples, Florida 34103-3060</b>			
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 **John D. Humphreville, Vice President**  
Signature, typed or printed name of registered agent and title if applicable.

*John D. Humphreville*  
(NOTE: Registered Agent signature required when reinstating) DATE: *3/19/02*

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, 2002 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	PTCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUETKEMEYER, JOHN A JR.			NAME			
STREET ADDRESS	17 WEST PENNSYLVANIA AVE., 5TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	TOWSON MD 21204			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAPIRO, J. MARK			NAME			
STREET ADDRESS	17 WEST PENNSYLVANIA AVE., 5TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	TOWSON MD 21204			CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINNEAR, WILLIAM H JR.			NAME			
STREET ADDRESS	17 WEST PENNSYLVANIA AVE., 5TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	TOWSON MD 21204			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *William N. Kinnear Jr.* **William N. Kinnear Jr.** 3/4/02 410-296-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)