

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004525

1. Entity Name

THE RITZ-CARLTON CLUB, ST. THOMAS, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90234 036 \*\*\*150.00

Principal Place of Business

DEPT. 52.924.13  
10400 FERNWOOD ROAD  
BETHESDA MD 20817

Mailing Address

DEPT. 52.924.13  
10400 FERNWOOD ROAD  
BETHESDA MD 20817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 66-0572268

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.

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 \$150.00**  
**After MAY 1, 2001 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 P ☐ Delete  
NAME WEISZ, STEPHEN P  
STREET ADDRESS 11016 OLD COACH ROAD  
CITY-ST-ZIP POTOMAC MD 20854

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME PULSE, M. LESTER JR.  
STREET ADDRESS 11202 FARMLAND DRIVE  
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MANN, W. DAVID  
STREET ADDRESS 2112 HUIDEKOPER PLACE, N.W.  
CITY-ST-ZIP WASHINGTON DC 20007

TITLE S. ☒ Change ☐ Addition  
NAME DOROTHY M. INGALLS  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA, MD. 20817

TITLE AS ☐ Delete  
NAME BENZ, NANCY L  
STREET ADDRESS 9132 WILLOWGATE LANE  
CITY-ST-ZIP POTOMAC MD 20854

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME STANT, JEFF  
STREET ADDRESS 717 NORTH OAKLAND STREET  
CITY-ST-ZIP ARLINGTON VA 22203

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME BRUFF, CAROL  
STREET ADDRESS 13531 VANDALIA DRIVE  
CITY-ST-ZIP ROCKVILLE MD 20853

T. ☒ Change ☐ Addition  
NAME CAROLYN B. HANDLON  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA, MD. 20817

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:

*Nancy L. Benz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L. BENZ

Date

Daytime Phone #

4/20/01

(301) 380-8742

CR2E034 (10/00)