

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013564 AF

**DOCUMENT # L99000005430**

1. Entity Name  
**CALOO GROVE, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:46

Principal Place of Business  
6501 GOLD LEAF DRIVE  
BETHESDA MD 20817

Mailing Address  
POST OFFICE BOX 719  
GLEN ECHO MD 20812-0719

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

**52-2199449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**MJH**

## 6. Name and Address of Current Registered Agent

**WALDE, WILLIAM L  
233 BARTON AVENUE  
PALM BEACH FL 33480**

## 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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
WALDE, WILLIAM L  
233 BARTON AVENUE  
PALM BEACH FL 33480**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**100003103791--3**  
**-01/20/00--01019--011**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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TITLE  
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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**William L. Walde**

Date

Daytime Phone #

**1/10/00 301-320-9595**