

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800000303

1. Entity Name

NATIONAL GUEST HOME LLC.

FILED

01 MAY -7 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10400 FERNWOOD ROAD
BETHESDA, MD. 20817

Mailing Address
10400 FERNWOOD ROAD
DEPT. 924.13
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

35-1927448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

300004375133-5
-06/07/01--01020--030
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT
NAME JEFFREY WILLIAM FERGUSON
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD. 20817

TITLE V. PRESIDENT
NAME M. LESTER PULSE JR.
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD. 20817

TITLE SECRETARY
NAME MICHAEL J. STEIN
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD. 20817

TITLE DIRECTOR
NAME WILLIAM W. MCCARTEN
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD. 20817

TITLE A. SECRETARY
NAME NANCY L. BENZ
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD. 20817

TITLE TREASURER
NAME ANDREW P. MASETTI
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD. 20817

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/2/01

(301) 380-8742