

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000001506

1. Entity Name

CCMH FT. LAUDERDALE LLC

Principal Place of Business

10400 FERNWOOD ROAD
BETHESDA MD 20817

Mailing Address

10400 FERNWOOD ROAD
BETHESDA MD 20817-1109

2. Principal Place of Business

6600 Rockledge Drive

3. Mailing Address

6600 Rockledge Drive

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Bethesda, Maryland

City & State

Bethesda, Maryland

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

20817-1109

Country

USA

Zip

20817-1109

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION 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.

17449 Terri Ct, Dumfries, VA 22026

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

19018 Steeple Place, Germantown, MD 20874

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

Nevin Kelly

9. MANAGING MEMBERS/MEMBERS

TITLE MGR 661 Western Ave., NW Washington, DC 20015

NAME FRANCIS, JAMES L
STREET ADDRESS 10400 FERNWOOD ROAD
CITY- ST- ZIP BETHESDA MD 20817

TITLE MGR 6632 Haviland Mill Rd., Clarksburg, MD 21029

NAME COLDEN, TRACY M
STREET ADDRESS 10400 FERNWOOD ROAD
CITY- ST- ZIP BETHESDA MD 20817

TITLE MGR

NAME STEMERMAN, BRUCE F
STREET ADDRESS 10400 FERNWOOD ROAD
CITY- ST- ZIP BETHESDA MD 20817

TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

NAME 6600 Rockledge Drive

STREET ADDRESS 6600 Rockledge Drive
CITY- ST- ZIP

TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE

NAME
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 REQUIRED

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

Date

Daytime Phone #

0-2083 (3/94)