

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001508

1. Entity Name
CCMH MIAMI AP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:55

Principal Place of Business
10400 FERNWOOD ROAD
BETHESDA MD 20817

Mailing Address
10400 FERNWOOD ROAD
BETHESDA MD 20817-1109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6600 Rockledge Dr

Suite, Apt. #, etc.

Suite 600

City & State

Bethesda, MD

3. Mailing Address

6600 Rockledge Drive

Suite, Apt. #, etc.

Suite 600

City & State

Bethesda, MD

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.

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

rf 3/16/00

9. MANAGING MEMBERS / MEMBERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME 6600 Rockledge Dr., Suite 600
STREET ADDRESS Bethesda, MD 20817-1109 ☒ Change ☐ Addition

TITLE
NAME (Same as above) ☐ Change ☐ Addition

TITLE Mgr
NAME Steven J. Fairbanks
STREET ADDRESS 6600 Rockledge Dr., Suite 600
CITY-ST-ZIP Bethesda, MD 20817-1109 ☒ Change ☐ Addition

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

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

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

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

Tracy M. Colden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Tracy M.J. Colden, 2/25/00 (240) 694-2000

Date

Daytime Phone #

CR2E083 (9/99)