

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005551

1. Entity Name

L.F. JAX REALTY CORPORATION

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90151 012 \*\*\*\*61.25

Principal Place of Business

905 16TH ST. N.W.  
WASHINGTON DC 20006-1765

Mailing Address

C/O ULLICO INC.. ATTN: MORT. & REAL EST.  
111 MASS. AVE. N.W.  
WASHINGTON DC 20001

00100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2216250

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D BEARSE, MICHAEL S  
STREET ADDRESS 905 16TH ST, N.W.  
CITY-ST-ZIP WASHINGTON DC 20006-1765

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

TITLE ☐ Delete  
NAME D FISCHER, GEORGE J  
STREET ADDRESS 905 16TH ST, N.W.  
CITY-ST-ZIP WASHINGTON DC 20006-1765

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

TITLE ☐ Delete  
NAME D WARREN, MASON M  
STREET ADDRESS 905 16TH ST, N.W.  
CITY-ST-ZIP WASHINGTON DC 20006-1765

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

TITLE ☐ Delete  
NAME D BOOKER, CARL E  
STREET ADDRESS 905 16TH ST, N.W.  
CITY-ST-ZIP WASHINGTON DC 20006-1765

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

TITLE ☐ Delete  
NAME D CAVALLARO, ALFRED A  
STREET ADDRESS 905 16TH ST, N.W.  
CITY-ST-ZIP WASHINGTON DC 20006-1765

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

7.19.00

202/737-8320

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)