

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005551

1. Entity Name

L.F. JAX REALTY CORPORATION

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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

10-17-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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

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

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

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

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Change ☒ Addition
NAME: Sabitoni, Armand E.
STREET ADDRESS: 905 16th St, N.W.
CITY-ST-ZIP: Washington, DC 20006-1765

TITLE: D ☐ Change ☒ Addition
NAME: McCormick, Robert
STREET ADDRESS: 8710 Nero St.
CITY-ST-ZIP: Annandale, VA 22003

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
900004669479--1
-11/06/01--01070--002
****236.25 ****236.25
☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
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]

10-16-01

202-737-8320

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 5:49



DO NOT WRITE IN THIS SPACE

DEPARTMENT OF STATE

4. FEI Number: 58-2216250 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required