

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01476

1. Entity Name

C.R.H.C., INCORPORATED

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90111 012 ***150.00

Principal Place of Business

Mailing Address

ROCKVILLE PIKE, SUITE #500
MD 20852

11200 ROCKVILLE PIKE, SUITE #500
ROCKVILLE MD 20852-3112

LUU85039



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

52-1011122

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CDT ☐ Delete
NAME DOCKSER, WILLIAM B.
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD

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

TITLE PD ☐ Delete
NAME WILLOUGHLEY, WILLIAM H.
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD

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

TITLE VSD ☐ Delete
NAME WILLOUGHBY, H. WILLIAM
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD

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

TITLE AS ☒ Delete
NAME JACKSON, ELIAH L.
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD

TITLE AS ☐ Change ☒ Addition
NAME Kevin Myrick
STREET ADDRESS 11200 Rockville Pike
CITY-ST-ZIP Rockville, MD 20852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Randolph E. Lee, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

301-468-9200

Daytime Phone #

CR2E034 (9/99)