

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04655

1. Entity Name
OXFORD RESIDENTIAL PROPERTIES I CORPORATION

Principal Place of Business
7200 WISCONSIN AVE.
SUITE 1100
BETHESDA MD 20814
US

Mailing Address
7200 WISCONSIN AVE.
SUITE 1100
BETHESDA MD 20814
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	CD	<input type="checkbox"/> Delete
NAME	ZICKLER, LEO E.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WILLARD, KENNETH C.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-ST-ZIP	BETHESDA MD	
TITLE	S	<input type="checkbox"/> Delete
NAME	ABRAMS, MARC B.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-ST-ZIP	BETHESDA MD	
TITLE	S	<input type="checkbox"/> Delete
NAME	EWERS, MARYANN	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-ST-ZIP	BETHESDA MD	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAVIN, FRANCIS P.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY-ST-ZIP	BETHESDA MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS/AVP
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARY ANN EWERS DATE: 7-14-00 DAYTIME PHONE #: 301-654-3100

MARY ANN EWERS

PG 1 of 2

APPROVED
AND
FILED

00 JUL 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1322916 Applied For Not Applicable

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

104-1-1000

104-1-1000

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79.2af2



ACCOUNT NO. : 072100000032

REFERENCE : 766888 4321985

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Pizeto

ORDER DATE : July 18, 2000

ORDER TIME : 4:08 PM

ORDER NO. : 766888-070

CUSTOMER NO: 4321985

CUSTOMER: Mary Ann Ewers, Legal Asst
Oxford Realty Financial Group
7200 Wisconsin Ave.
11th Floor
Bethesda, MD 20814-4815

ANNUAL REPORT FILING

NAME: OXFORD RESIDENTIAL
PROPERTIES I CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA

EXAMINER'S INITIALS

DEPARTMENT OF STATISTICS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
00 JUL 19 PM 4:38