

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12507

1. Entity Name

CTF ORLANDO CORPORATION

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90142 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~10400 FERNWOOD RD~~  
~~BETHESDA MD 20817~~  
US

~~PRICEWATERHOUSECOOPERS LLP~~  
~~1975 E 9TH ST SUITE 1600~~  
~~CLEVELAND OH 44114-1780~~  
US

2. Principal Place of Business

3. Mailing Address

~~1615 M Street N.W.~~  
Suite, Apt. #, etc.

~~255 Alhambra Circle~~  
Suite, Apt. #, etc.

Suite 700

Suite 600

City & State

City & State

Washington, D.C.

Coral Gables, Florida

Zip  
20036

Country  
USA

Zip  
33134

Country  
USA

4. FEI Number 34-1533901

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

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	DVPT	<input type="checkbox"/> Delete
NAME	GAFFNEY, PATRICK M.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIMBALL, KEVIN M.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	HEININGER, KARL DANIEL	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALKER, MYRON D.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CLIST, TODD	
STREET ADDRESS	10400 FERNWOOD RD.	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BENZ, NANCY L.	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	

TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaffney, Patrick M.	
STREET ADDRESS	1615 M Street NW, Suite 700	
CITY-ST-ZIP	Washington, D.C. 20036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Secretary/Vice President	
NAME	Bradley D. Hornbacher	
STREET ADDRESS	255 Alhambra Circle, Suite 600	
CITY-ST-ZIP	Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Vice President/Assistant Secretary	
NAME	Fuerst, Heidi	
STREET ADDRESS	1615 M Street NW, Suite 700	
CITY-ST-ZIP	Washington, D.C. 20036	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley D. Hornbacher

AS SECRETARY

4-28-00 305-442-2774

Date Daytime Phone #

CR2E034 (9/99)