

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16169(5)

1. Entity Name

PREMISES PROVIDERS, INC.

Principal Place of Business

Mailing Address

1300 WILSON BLVD. #400
ARLINGTON, VA 22209

(SAME)

2. Principal Place of Business

(SAME)

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1522062

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 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

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

TITLE	CHAIRMAN OF THE BOARD	<input type="checkbox"/> Delete
NAME	LAURENCE C. SIEGEL	AND DIRECTOR
STREET ADDRESS	1300 WILSON BLVD. #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	PRESIDENT AND DIRECTOR	<input type="checkbox"/> Delete
NAME	PETER B. MCMILLAN	
STREET ADDRESS	1300 WILSON BLVD. #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	EXECUTIVE VP, SECRETARY AND DIRECTOR	<input type="checkbox"/> Delete
NAME	THOMAS E. FROST	
STREET ADDRESS	1300 WILSON BLVD. #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	EXECUTIVE VP	<input type="checkbox"/> Delete
NAME	KENNETH R. PARENT	
STREET ADDRESS	1300 WILSON BLVD. #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	D. GREGORY NEEB	
STREET ADDRESS	1300 WILSON BLVD. #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
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 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	

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****150.00 ****150.00

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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

THOMAS E. FROST, EXECUTIVE VICE PRESIDENT OF PREMISES PROVIDERS, INC.

3-8-00

Date

(703) 526-5000

Daytime Phone #

CR2E034 (9/99)