

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90452 040 ***150.00

DOCUMENT # P16169 (5)

1. Entity Name

PREMISES PROVIDERS, INC. ✓

Principal Place of Business

1300 WILSON BLVD. #400
 ARLINGTON, VA 22209

Mailing Address

(SAME)

2. Principal Place of Business

(SAME)

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1522062

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN AND DIRECTOR	<input type="checkbox"/> Delete
NAME	LAURENCE C. SIEGEL	
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	<input type="checkbox"/> Delete
NAME	THOMAS E. FROST AND DIRECTOR	
STREET ADDRESS	1300 WILSON BLVD. #400	
CITY-ST-ZIP	ARLINGTON, VA 22209	
TITLE	SENIOR VP AND 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		
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		
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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:

Thomas E. Frost

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

Daytime Phone #

4.2.01

(703) 526-5600

CR2E034 (11/00)