

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17630

1. Entity Name

TREASURE CHEST ADVERTISING COMPANY, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90111 012 ***150.00

Principal Place of Business

Mailing Address

250 WEST PRATT STREET
18TH FLOOR
BALTIMORE MD 21201
US

PO BOX 17102
18TH FLOOR
BALTIMORE MA 21297-1102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MD

4. FEI Number

52-1520798

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	CD	<input type="checkbox"/> Delete
NAME	AMMON, THEODORE R.	
STREET ADDRESS	19 EAST 92ND ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANGELSON, MARK A	
STREET ADDRESS	876 PARK AVE APT 13N	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FISHER, IRENE B	
STREET ADDRESS	69-35-166 STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	ACFO	<input type="checkbox"/> Delete
NAME	DURDIN, DEAN	
STREET ADDRESS	218 NORTH CHARLES STREET	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROLAND, DONALD E.	
STREET ADDRESS	315 ROUGH RIDER RD. 4 Norwood Rd.	
CITY-ST-ZIP	LAVERNE GA - Annapolis, MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, EDWARD T	
STREET ADDRESS	62 N SYLVON RD	
CITY-ST-ZIP	WESTPORT CT	

TITLE	Corporate Tax Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vansickle, Myron H.	
STREET ADDRESS	11908 White Heather Road	
CITY-ST-ZIP	Rockyville, MD	
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		

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

1/20/2000

Date

410-528-7800

Daytime Phone #

CR2E034 (9/99)