

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37477

1. Entity Name

ENTERPRISE SOCIAL INVESTMENT CORPORATION

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90105 008 \*\*\*150.00

Principal Place of Business

10227 WINCOPIN CIR  
STE 810  
COLUMBIA MD 21044  
US

Mailing Address

10227 WINCOPIN CIR  
STE 810  
COLUMBIA MD 21044  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1347105

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUITAN, MICHAEL 10227 WINCOPIN CIR STE 810 COLUMBIA MD 21044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO STAGMER, HOLLY 10227 WINCOPIN CIR STE 810 COLUMBIA MD 21044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROUSE, PATRICIA T. 810 AMERICAN CITY BLDG. COLUMBIA MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNDT, RICHARD O. 810 AMERICAN CITY BLDG. COLUMBIA MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SMITH, CHRISTOPHER P. 810 AMERICAN CITY BLDG COLUMBIA MD	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HARVEY, F. BARTON III 810 AMERICAN CITY BLDG COLUMBIA MD	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Curran, Michael J 10227 Wincopin Circle Suite 800 Columbia MD 21044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
Doc # P37477  
DW29843



# THE ENTERPRISE SOCIAL INVESTMENT CORPORATION

August 11, 2000

JAMES W. ROUSE  
CO-FOUNDER  
1914-1996

F. BARTON HARVEY III  
CHAIRMAN OF THE BOARD

MICHAEL J. CURRAN  
PRESIDENT & CEO

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

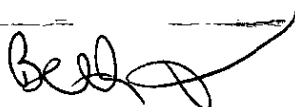
Re: Enterprise Social Investment Corporation

To Secretary of State,

Please accept the late submission of our Year 2000 Uniform Business Report (UBR). We are enclosing the filing fee of \$150.00. I would like to formally request that the \$400 late fee be waived due to extenuating circumstances at our corporation this year. We had turnover in both the Controller and Assistant Controller positions. In addition, I suffered a death in my immediate family that further delayed my review and submission of our required filings. I am now in the process of reviewing all of the needed filings and bringing them back up to date.

Thank you. Please feel free to call me at 410/772-2605 if you have any questions.

Sincerely,



Beth Trovinger  
Assistant Controller