

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027325

1. Entity Name

BISCAYNE LAND ASSOCIATES, INC.

Principal Place of Business

10770 COLUMBIA PIKE
SILVER SPRING MD 20901
US

Mailing Address

10770 COLUMBIA PIKE
SILVER SPRING MD 20901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
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.

BRIAN COURTNEY, ASST. V.P.

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANDRY, DONALD J	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MACCUTCHEON, JAMES A	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WILLIAMS, PAMELA M	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANLEY, KEVIN P	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
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	400003493264--6
STREET ADDRESS	-12/11/00--01034--023
CITY-ST-ZIP	****750.00 ****750.00
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

10/4/00 301-592-3915

FILED
00 NOV -9 PM 4: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

00

4. FEI Number 52-1873748

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)

0133537