

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90149 007 ***150.00

DOCUMENT # P96000061841

1. Entity Name

MARINER DRIVE HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
810 SATURN STREET SUITE 17 JUPITER, FL 33477 US	1009 BAY RIDGE AVENUE STE. 200 ANNAPOLIS, MD 21403 US

2. Principal Place of Business	3. Mailing Address
	1009 BAY RIDGE AVENUE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
	NO. 216

City & State	City & State
	ANNAPOLIS, MD

Zip	Country	Zip	Country
		21403	US

4. FEI Number	Applied For
65-0685089	<input type="checkbox"/> 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

GORDON, PATRICK M
 810 SATURN STREET
 SUITE 17
 JUPITER, FL 33477

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, JANET	
STREET ADDRESS	496 FERRY POINT ROAD	
CITY - ST - ZIP	ANNAPOLIS, MD 21403	

TITLE	STD	<input type="checkbox"/> Delete
NAME	RICHARDSON, BRIAN	
STREET ADDRESS	200 ST. DUNSTANS ROAD	
CITY - ST - ZIP	BALTIMORE, MD 21212	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BRIAN	
STREET ADDRESS	200 ST. DUNSTANS ROAD	
CITY - ST - ZIP	BALTIMORE, MD 21212	

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABARBANEL, JEFFREY	
STREET ADDRESS	36 S. CHARLES ST., STE. 2300	
CITY - ST - ZIP	BALTIMORE, MD 21201-3177	

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

Date

Daytime Phone #

4/25/2000 (410) 268-5959