


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90079 017 \*\*\*150.00

**DOCUMENT # 321779**  
 1. Entity Name  
 UNIVERSITY CLUB, INC.



Principal Place of Business  
 P O BOX 819087  
 DALLAS, TX 75381

Mailing Address  
 P O BOX 819087  
 % TAX DEPT  
 DALLAS, TX 75381

**50031434**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02102005 Chg-P CR2E034 (10/03)

4. FEI Number  
**75-1252248**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	HOWE, DOUGLAS	
STREET ADDRESS	3030 LBJ FRWY #700	
CITY-ST-ZIP	DALLAS, TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	LARGENT, DAVID	
STREET ADDRESS	3030 LBJ FRWY #700	
CITY-ST-ZIP	DALLAS, TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	RON, TAYLOR	
STREET ADDRESS	3030 LBJ FRWY #700	
CITY-ST-ZIP	DALLAS, TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	HENSLEE, THOMAS	
STREET ADDRESS	3030 LBJ FREEWAY, STE. 700	
CITY-ST-ZIP	DALLAS, TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Taylor Date: 02/16/05 Daytime Phone #: 972 243 6191