2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 366262 Mar 04, 2000 8:00 am Secretary of State CITRUS CLUB INC 03-04-2000 90077 021 ***150.00 Principal Place of Business Mailing Address 3030 LBJ FRWY 700 3030 LBJ FRWY 700 P.O. BOX 819087 P.O. BOX 819087 DALLAS TX 75234 **DALLAS TX 75234-7763** Renarron 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 75-1322645 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do si After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition PD ☐ Delete TITLE TITLE HOWE, DOUGLAS NAME STREET ADDRESS 3030 LBJ FREEWAY STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE NAME LARGENT, DAVID STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP ☐ Addition ☐ Change TITLE JAHNKE, JEFFREY A NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

01.00 972-343-619

Daytime Phone #