

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005545

1. Entity Name

TRANSCONTINENTAL SADLER SQUARE, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90101 003 \*\*\*150.00

Principal Place of Business 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231	Mailing Address 10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231-2111
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	75-2784439	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	STOKLEY, TED P	
STREET ADDRESS	10670 N. CENTRAL ESPRESSWAY STE 600	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PAULSON, RANDALL M	
STREET ADDRESS	10670 N. CENTRAL ESPRESSWAY STE 600	
CITY-ST-ZIP	DALLAS TX	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALDMAN, ROBERT A	
STREET ADDRESS	10670 N. CENTRAL ESPRESSWAY STE 600	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	POTERA, DREW D	
STREET ADDRESS	10670 N. CENTRAL ESPRESSWAY STE 600	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, CHERYL	
STREET ADDRESS	10670 N. CENTRAL ESPRESSWAY STE 600	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BLAHA, KARL L	
STREET ADDRESS	10670 N. CENTRAL ESPRESSWAY STE 600	
CITY-ST-ZIP	DALLAS TX	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blaha, Karl L	
STREET ADDRESS	10670 N Central Exp Ste 600	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Enderdyk, Bruce A	
STREET ADDRESS	10670 N Central Exp.	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holland, Thomas A	
STREET ADDRESS	10670 N Central Exp	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Starowicz, David	
STREET ADDRESS	10670 N Central Exp	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chua Roland	
STREET ADDRESS	10670 N Central Exp	
CITY-ST-ZIP	Dallas, TX 75231	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cook, John	
STREET ADDRESS	10670 N Central Exp.	
CITY-ST-ZIP	Dallas, TX 75231	

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: Robert A. Waldman DATE: 4-10-00 DAYTIME PHONE #: 214-692-4700

CR2E034 (9/99)