

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P37409**

1. Entity Name

SANDY PARK COMMUNITY CAMPUS, INC.**FILED****Jan 29, 2000 8:00 am
Secretary of State**

01-29-2000 90094 045 ***150.00

Principal Place of Business 2901 DALLAS PARKWAY SUITE 345. LB 14 PLANO TX 75093 US		Mailing Address 2901 DALLAS PARKWAY SUITE 345. LB 14 PLANO TX 75093-5983 US		 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 75-2408534	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	GARRETT, MARVIN		NAME		
STREET ADDRESS	10610 METRIC, SUITE 175		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75243		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	TENNYSON, MICHAEL		NAME		
STREET ADDRESS	10610 METRIC, STE 175		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	KUPTZ, SHERRY		NAME		
STREET ADDRESS	217 COMMERCIAL		STREET ADDRESS		
CITY-ST-ZIP	GARLAND TX		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

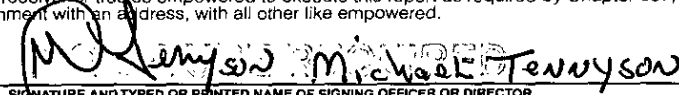
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 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 #


Michael Tennyson
1-17-00**972-398-1572**