

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070044

1. Entity Name
3050 TAMARRON BOULEVARD INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90248 017 ***150.00

| | |
|--|---|
| Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308 US | Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308-7707 US |
|--|---|



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **75-2559373**
Applied For
Not Applicable

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

6. Name and Address of Current Registered Agent
DAVID E. TODD
1801 HERMITAGE BLVD.
STE 100
TALLAHASSEE FL 32308

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 _____

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 type="checkbox"/> Delete |
| NAME BENNETT, DOUGLAS W | |
| STREET ADDRESS 1801 HERMITAGE BLVD, STE 600 | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | |
| TITLE D | <input checked="" type="checkbox"/> Delete |
| NAME SMITH, JEFFREY L | |
| STREET ADDRESS 1801 HERMITAGE BLVD-STE 600 | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | |
| TITLE S | <input checked="" type="checkbox"/> Delete |
| NAME PLUMLEE, DANIEL L | |
| STREET ADDRESS 8750 N. CENTRAL EXPWY. STE 800 | |
| CITY-ST-ZIP DALLAS TX 75231-6437 | |
| TITLE P | <input type="checkbox"/> Delete |
| NAME SMITH, ANDREWS G | |
| STREET ADDRESS 8750 N. CENTRAL EXPWY--STE 800 | |
| CITY-ST-ZIP DALLAS TX 75231-6437 | |
| TITLE DV | <input checked="" type="checkbox"/> Delete |
| NAME HORTON, JAMES W | |
| STREET ADDRESS 1801 HERMITAGE BLVD | |
| CITY-ST-ZIP TALLAHASSEE FL 32308 | |
| TITLE V | <input checked="" type="checkbox"/> Delete |
| NAME FULTON, WILLIAM L | |
| STREET ADDRESS 8750 N. CENTRAL EXPRESSWAY STE 800 | |
| CITY-ST-ZIP DALLAS TX 75231 | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE DVAT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Lynne Quick | |
| STREET ADDRESS 1801 Hermitage Blvd., #600 | |
| CITY-ST-ZIP Tallahassee, FL 32308 | |
| TITLE VAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME William Fulton | |
| STREET ADDRESS 8750 N. Central Expressway, #800 | |
| CITY-ST-ZIP Dallas, TX 75231 | |
| TITLE DVAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME James W. Horton | |
| STREET ADDRESS 1801 Hermitage Blvd. #600 | |
| CITY-ST-ZIP Tallahassee, FL 32308 | |
| TITLE VS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Mark Faraldo | |
| STREET ADDRESS 8750 N. Central Expressway, #800 | |
| CITY-ST-ZIP Dallas, TX 75231 | |
| TITLE T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Brent Kroener | |
| STREET ADDRESS 8750 N. Central Expressway, #800 | |
| CITY-ST-ZIP Dallas, TX 75231 | |
| 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: Douglas W. Bennett Date: 4/16/00 Daytime Phone #: 850/488-4406

CP12E034 (9/99)