

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90196 019 \*\*\*150.00

**DOCUMENT # P99000109432**

1. Entity Name

**TEX-SIERRA, INC.**

Principal Place of Business

**222 LAKEVIEW AVE.,17TH FLOOR  
 WEST PALM BEACH FL 33401**

Mailing Address

**222 LAKEVIEW AVE.,17TH FLOOR  
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

**Gardens Corporate Center  
 3801 PGA Boulevard, Suite 555  
 Palm Beach Gardens, FL 33410**

3. Mailing Address

**Gardens Corporate Center  
 3801 PGA Boulevard, Suite 555  
 Palm Beach Gardens, FL 33410**

4. FEI Number **65-0968160**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**REGSERV CORP.  
 222 LAKEVIEW AVE.,17TH FLOOR  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

**REGSERV CORP.  
 Gardens Corporate Center  
 3801 PGA Boulevard, Suite 555  
 Palm Beach Gardens, FL 33410**

**FL** Zip Code

8. The above

**REGSERV CORP.**

is office or registered agent, or both, in the State of Florida.

SIGNATURE

By:

*Lawrence J. Diamond*  
**Lawrence J. Diamond, Vice President**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RENDINA, BRUCE A</b> <b>222 LAKEVIEW AVE.,17TH FLOOR</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bruce A. Rendina</b> <b>Gardens Corporate Center</b> <b>3801 PGA Blvd., Suite 555</b> <b>Palm Beach Gardens, Florida 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERRUCCI, MARK A</b> <b>CT CORPORATION SYSTEM 1209 ORANGE ST</b> <b>WILMINGTON DE 19801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>DISALVO, PATRICK J</b> <b>222 LAKE VIEW AVE 17TH FLOOR</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ST</b> <b>Patrick J. DiSalvo</b> <b>Gardens Corporate Center</b> <b>3801 PGA Blvd., Suite 555</b> <b>Palm Beach Gardens, Florida 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Lawrence B. Juran</b> <b>Gardens Corporate Center</b> <b>3801 PGA Blvd., Suite 555</b> <b>Palm Beach Gardens, Florida 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

*Patrick J. DiSalvo*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Patrick J. DiSalvo**

**Vice President**

Date

**(561) 630-5055**

Daytime Phone #

CR2E034 (10/00)