

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818340

1. Entity Name  
KING RANCH, INC.

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90024 004 \*\*\*150.00

0605211

Principal Place of Business  
HWY 141 WEST-LAURO'S HILL  
PO BOX 1090  
KINGSVILLE TX 78364-1090  
US

Mailing Address  
HWY 141 WEST-LAURO'S HILL  
PO BOX 1090  
KINGSVILLE TX 78364-1090  
US



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **74-0726547**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**UNDERBRINK, ROBERT J.**  
**8050 SOUTH U.S. HWY 27**  
**SOUTH BAY FL 33493**

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. ☐ **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		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALEZNIK, ABRAHAM		NAME	CLEMENT, JR., JAMES H.	
STREET ADDRESS	1415 LOUISIANA ST SUITE 2300		STREET ADDRESS	1415 LOUISIANA, SUITE 2300	
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP	HOUSTON, TX 77002	
TITLE	DPCO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, JACK		NAME		
STREET ADDRESS	1415 LOUISIANA ST SUITE 2300		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP		
TITLE	VTCF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDINER, BILL		NAME		
STREET ADDRESS	1415 LOUISIANA ST SUITE 2300		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERBRINK, ROBERT		NAME		
STREET ADDRESS	1415 LOUISIANA, SUITE 2300		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77002		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENHO, PAUL		NAME		
STREET ADDRESS	1415 LOUISIANA, SUITE 2300		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77002		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Gardiner WILLIAM J. GARDINER 1/11/2001 (361) 592-6411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)