

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90144 032 ***150.00

DOCUMENT # 348748
1. Entity Name
SEMORAN MANAGEMENT CORPORATION

Principal Place of Business **Mailing Address**
14841 DALLAS PARKWAY **14841 DALLAS PARKWAY**
DALLAS TX 75240-2100 **DALLAS TX 75240-2100**
US **US**

2. Principal Place of Business **3. Mailing Address**
14841 Dallas Parkway **14841 Dallas Parkway**
Suite, Apt. #, etc. Suite, Apt. #, etc.
3S137 **3S137**

City & State **City & State**
Dallas, TX **Dallas, TX**

Zip **Country** **Zip** **Country**
75254-7552 **U.S.A.** **75254-7552** **U.S.A.**

4. FEI Number **59-1361631** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, JOHN J	
STREET ADDRESS	14841 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240-2100	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MORGAN, MELANIE K	
STREET ADDRESS	14841 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240-2100	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	HORN, IDA W	
STREET ADDRESS	14841 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240-2100	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	**ZIP CODE ONLY CHANGE**	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Dallas, TX 75254-7552	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Dallas, TX 75254-7552	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Dallas, TX 75254-7552	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **SIGNATURE REQUIRED** **John D. Murphy, President** **1/15/02** **972/338-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)