(972) 892-7200

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674590 1. Entity Name PRG FLORIDA VII, INC.					'	eu ED			
					FILED				
						00 JUL 27 AM			
Principal Plac	e of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE FLORIDA					
14800 LAND MARK		14800 LAND MARK STE 500			TALLAHASSEE F	LUKIUA			
STE 500 Dallas TX 75240 Us		DALLAS TX 75240-7013 US							
	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-				IL BIBIL IBBI
				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F	59-201656	34	⊢	oplied For ot Applicable
Zip	Country	Zip	Count	ry	5. 0	Certificate of Status Desired		\$8.75 Add	
	6. Name and Address of Current R	egistered Agent			7. N	lame and Address of New			
				Name					
NRAI SERVICES, INC. 526 EAST PARK AVENUE			-	Street Address (P.O. Box Number is Not Acceptable)					
IALL	_AHASSEE FL 32301		-	City			FL	Zip Cod	e
	named entity submits this statement for							<u> </u>	·
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			ate Host Fund Continuodion.				
11.	OFFICERS AND C		12.		AD	DITIONS/CHANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEARY, MICHAEL 14800 LAND MARK STE 500 DALLAS TX 75240	☐ Delete		l			3 4 31 2/000 350.00	□ Change □ 5 8 - 1006 ****59	009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOND, JOHNATHAN 14800 LAND MARK STE 500 DALLAS TX 75240	X Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICOLAOU, KAREN 5005 RIVER WAY DR STE 400 HOUSTON TX 77056	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EDENBURN, LANE 14800 LAND MARK STE 500 DALLAS TX 75240	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				Pho	27	Change	Addition
		☐ Delete		l				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP 13. I hereby of indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empored or on an attachment with an address we	rue and accurate and that vered to execute this report	STREE CITY- or the exer my signate t as require	ST-ZIP nption stated in Sure shall have the	same	eoal effect as if made under	oath: that I a	m an officer	or direct

Michael Yeary

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR