

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827037

1. Entity Name  
**LINBECK CONSTRUCTION CORPORATION**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90032 023 \*\*\*150.00

Principal Place of Business

**3810 W ALABAMA ST  
HOUSTON TEXAS 77027**

Mailing Address

**P O BOX 22500  
HOUSTON TX 77227**

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 **74-1091214**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 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          | <b>S</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>LINBECK, CONSTANCE</b>  |  |
| STREET ADDRESS | <b>4518 WESL ALABAMA</b>   |  |
| CITY-ST-ZIP    | <b>HOUSTON TX 77027</b>    |  |
| TITLE          | <b>VP</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>RIEGLER, WILLIAM J</b>  |  |
| STREET ADDRESS | <b>1042 FLAGMORE DR</b>    |  |
| CITY-ST-ZIP    | <b>KATY TX 77450</b>       |  |
| TITLE          | <b>CD</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>LINBECK, LEO E JR</b>   |  |
| STREET ADDRESS | <b>3404 CHEVY CHASE</b>    |  |
| CITY-ST-ZIP    | <b>HOUSTON TX</b>          |  |
| TITLE          | <b>D</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LINBECK, PATTI RUTH</b> |  |
| STREET ADDRESS | <b>2407 REBA</b>           |  |
| CITY-ST-ZIP    | <b>HOUSTON TX</b>          |  |
| TITLE          | <b>P</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>LINBECK, LEO</b>        |  |
| STREET ADDRESS | <b>2145 STANMORE</b>       |  |
| CITY-ST-ZIP    | <b>HOUSTON TX 77019</b>    |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| 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    |  |   |
| 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:

*William J. Riegler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TREASURER**

**1-10-01**

Date

**713-621-2350**

Daytime Phone #

CR2E034 (10/00)