

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838008

1. Entity Name

SAILFISH POINT, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90050 012 ***150.00

Principal Place of Business

4440 PGA BLVD.
STE. 601
PALM BEACH GARDENS FL 33410
US

Mailing Address

3225 GALLOWES ROAD
STATE TAX DEPT.
FAIRFAX VA 22037-0001
US

2. Principal Place of Business

3. Mailing Address

800 Bell Street

Suite, Apt. #, etc.

State Tax Dept

City & State
Houston, TX

Zip

77002

Country

U.S.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

13-2887634

Applied For

Not Applicable

Zip

Country

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

THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALL. FL 32301

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, 2000 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 PD
NAME PATOCKA, B.A.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA 22037

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME STEVENSON, P. A.
STREET ADDRESS 3225 GALLOWES RD.
CITY-ST-ZIP FAIRFAX VA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AT
NAME CAVALIER, A.L.
STREET ADDRESS 3225 GALLOWES RD.
CITY-ST-ZIP FAIRFAX VA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AC
NAME LOPEZ, S.A.
STREET ADDRESS 3225 GALLOWES RD.
CITY-ST-ZIP FAIRFAX VA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T
NAME SARNOWSKI, J.A.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VASD
NAME SKLANSKY, P.E.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA 22037

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

S.A. Lopez S.A. Lopez, Asst. Controller 04-10-00 (713) 656-1807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)