

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19425**

1. Entity Name

LINCOLN PROPERTY COMPANY NO. 1074, LTD.

91074

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

P.O. BOX 1920
1505 FEDERAL STREET
DALLAS TX 75221

Mailing Address

P.O. BOX 1920
1505 FEDERAL STREET
DALLAS TX 75221-1920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2021487

Applied For
Not Applicable

Zip

Country

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

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. Capital Contributions
as Shown on record.

\$9,590.65

10. Amount of Capital Contributions
in FLORIDA to date.

9,590.65

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F93000005864
NAME MACK POGUE, INC.
STREET ADDRESS 3300 LINCOLN PLAZA, 500 N. AKARD
CITY - ST - ZIP DALLAS TX 75201

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME KERSEY, JAMES W.
STREET ADDRESS 255 S. ORANGE AVE #1550
CITY - ST - ZIP ORLANDO FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME VACCARO, GARY A.
STREET ADDRESS ONE HARBOUR PLACE #990
CITY - ST - ZIP TAMPA FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

Leigh Ann Everett

(214) 740-4440

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Asst. Secretary

Date

Daytime Phone #

CR2E000: (9/99)