

2001 UNIFORM BUSINESS REPORT (UBR)

0570448

DOCUMENT # F00000003338

1. Entity Name
CFP TEXAS, INC.

FILED

01 APR 30 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O CENTERAMERICA PROPERTY TRUST, L.P.
3901 BELLAIRE BLVD.
HOUSTON TX 77025

Mailing Address
C/O CENTERAMERICA PROPERTY TRUST, L.P.
3901 BELLAIRE BLVD.
HOUSTON TX 77025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee FL Zip Code 32301

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 *Deborah D. Skipper*
Signature, typed or printed name of registered agent and file if applicable.

Deborah D. Skipper
Asst. Secretary

4-30-01
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 PD
NAME MACDONALD, SCOTT D
STREET ADDRESS 3201 BELLAIRE BLVD.
CITY-ST-ZIP HOUSTON TX 77025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME AXELRAD, MICHAEL D
STREET ADDRESS 3201 BELLAIRE BLVD.
CITY-ST-ZIP HOUSTON TX 77025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME HAGGARD, J. LAMAR
STREET ADDRESS 3201 BELLAIRE BLVD.
CITY-ST-ZIP HOUSTON TX 77025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VASD
NAME GILLULY, JOHN J
STREET ADDRESS 3201 BELLAIRE BLVD.
CITY-ST-ZIP HOUSTON TX 77025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STIDD, ANDREW L
STREET ADDRESS 114 WEST 47TH STREET, SUITE 1715
CITY-ST-ZIP NEW YORK NY 10036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BURNS, KEVIN P
STREET ADDRESS 114 WEST 47TH STREET, SUITE 1715
CITY-ST-ZIP NEW YORK NY 10036 ☐ 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: *Deborah D. Skipper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)