## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** 93729 KT F00000004322 1. Entity Name

## LINCOLN MM OSCEOLA OPTION, INC.

Principal Place of Business

## **FILED** May 07, 2002 8:00 am Secretary of State 05-07-2002 90379 027 \*\*\*150.00

P.O. BOX 1920 DALLAS TX 75221  2. Principal Place of Business Suite, Apt. #, etc.		P.O. BOX 1920 DALLAS TX 75221  3. Mailing Address Suite, Apt. #, etc.			BOO89923 DO NOT WRITE IN THIS SPACE		
City & State		City & State		4	. FEI Number 75-2892042		Applied For Not Applicable
Zip	Country	Zip	Country	5	. Certificate of Status Desired	□ \$8.75 Fee Regu	Additional
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Reg		iiieo
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Ad	ddress (P.O	Box Number is Not Acceptable)	FL Zip C	ode
SIGNATURE  9. This corp Tax filing	Signature, typed or printed name of registered agent and poration is eligible to satisfy its Intangible requirement and elects to do so.		egislered Agent signatur	re required when	reinstating)  10. Election Campaign Finance	DATE	.00 May Be
	eria on back)	Make Check Payable	to Department	t of State	Trust Fund Contribution.	∐ Add	led to Fees
TITLE	OFFICERS AND D	RECTORS  Delete	12.	A	DDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP	DUVALL, WILLIAM C 1505 FEDERAL STREET DALLAS TX 75201	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COURTWRIGHT, GREGORY S 1505 FEDERAL STREET DALLAS TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, NANCY 1505 FEDERAL STREET DALLAS TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	CD POGUE, MACK 1505 FEDERAL STREET DALLAS TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EVERETT, LEIGH A 1505 FEDERAL ST DALLAS TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
<ol> <li>I hereby c indicated of the corp changed,</li> </ol>	ertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empower or an attachmen with an address, with	s filing does not qualify for the e and accurate and that my sig red to execute this report as re all other like empowered.	exemption stated gnature shall hav equired by Chapt	d in Section re the same ter 607, Flori	119.07(3)(i), Florida Statutes. I furtlegal effect as if made under oath; da Statutes; and that my name ap	her certify that the i that I am an office bears in Block 11 o	nformation r or director or Block 12 if

SIGNATURE:

Leigh Ann Everett

Asst. Secretary 4/10/02 214-740-4440