

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90149 037 \*\*\*550.00

**DOCUMENT # F01000002132**

1. Entity Name  
**ZACHRY VENTURES, INC.**

Principal Place of Business  
**1209 NORTH ORANGE STREET  
 WILMINGTON DE 19801-1196**

Mailing Address  
**1209 NORTH ORANGE STREET  
 WILMINGTON DE 19801-1196**

**975717**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**527 Logwood**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 240130**  
 Suite, Apt. #, etc.

City & State  
**SAN ANTONIO, TX**  
 Zip  
**78224**  
 Country  
**US**

City & State  
**SAN ANTONIO TX**  
 Zip  
**78224-0130**  
 Country  
**US**

4. FEI Number **74-2992907** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACHRY, DAVID S 527 LOGWOOD SAN ANTONIO TX 78221-1738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTCD EBROM, CHARLES 527 LOGWOOD SAN ANTONIO TX 78221-1738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSTON, MURRAY L JR. 310 SO. ST. MARY'S STREET, SUITE 2600 SAN ANTONIO TX 78205-3108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David S. Zachry* **8-14-2002** **210-475-8000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment 9-15-17  
#FOI000002132

#FO1000002132

August 14, 2002

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

TO WHOM IT MAY CONCERN:

Enclosed is the State of Florida 2002 Uniform Business Report for Zachry Ventures, Inc. and a check for \$550.00 covering fees.

Very truly yours,

ZACHRY VENTURES, INC.

Steven D. Schultz

Steven D. Schultz  
Financial Accounting Manager

[illegible]