

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90076 036 ***150.00

0441838

DOCUMENT # F93000004457

1. Entity Name

TARRAGON CAPITAL CORPORATION

Principal Place of Business

**280 PARK AVE., EAST BLDG., 20TH FLOOR
 NEW YORK NY 10017**

Mailing Address

**280 PARK AVE., EAST BLDG., 20TH FLOOR
 NEW YORK NY 10017**

2. Principal Place of Business

**1775 Broadway
 Suite, Apt. #, etc.
 23rd Floor**

3. Mailing Address

**3100 Monticello
 Suite, Apt. #, etc.
 Suite 200**

City & State

New York NY

City & State

Dallas Texas

Zip

10019

Country

USA

Zip

75205

Country

USA

4. FEI Number

75-2340089

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT 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.

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, 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

TITLE **DT** ☐ Delete
 NAME **FRIEDMAN, LUCY N**
 STREET ADDRESS **280 PARK AVE., EAST BLDG., 20TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **P** ☐ Delete
 NAME **FRIEDMAN, WILLIAM S.**
 STREET ADDRESS **280 PARK AVENUE EAST BLDG 20TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **DV** ☐ Delete
 NAME **FRIEDMAN, TANYA E**
 STREET ADDRESS **883 GUERRERO STREET**
 CITY-ST-ZIP **SAN FRANCISCO CA 94110**

TITLE **DV** ☐ Delete
 NAME **FRIEDMAN, EZRA H**
 STREET ADDRESS **10 MAGAZINE STREET**
 CITY-ST-ZIP **CAMBRIDGE MA 02139-KKKK**

TITLE **AS** ☐ Delete
 NAME **GOLDBERG, EILEEN**
 STREET ADDRESS **280 PARK AVE., EAST BLDG., 20TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **S** ☐ Delete
 NAME **HANSFIELD, KATHRYN**
 STREET ADDRESS **3100 MONTICELLO**
 CITY-ST-ZIP **DALLAS TX 75250**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **1775 Broadway, 23rd Floor**
 STREET ADDRESS **New York, NY 10019**
 CITY-ST-ZIP **New York, NY 10019**

TITLE ☒ Change ☐ Addition
 NAME **1775 Broadway, 23rd Floor**
 STREET ADDRESS **New York, NY 10019**
 CITY-ST-ZIP **New York, NY 10019**

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 STREET ADDRESS **New York, NY 10019**
 CITY-ST-ZIP **New York, NY 10019**

TITLE ☒ Change ☐ Addition
 NAME **1775 Broadway, 23rd Floor**
 STREET ADDRESS **New York, NY 10019**
 CITY-ST-ZIP **New York, NY 10019**

TITLE ☒ Change ☐ Addition
 NAME **Mansfield, Kathryn**
 STREET ADDRESS **3100 Monticello, Suite 200**
 CITY-ST-ZIP **Dallas, TX 75205**

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: **Kathryn Mansfield**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN MANSFIELD **4-9-01** **214-599-2200**
 Date Daytime Phone #

CR2E034 (10/00)