

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000345

1. Entity Name

MARKBOROUGH DEVELOPMENT INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 005 ***150.00

Principal Place of Business

Mailing Address

5750 HOMEWARD HWY
SUGARLAND TX 77479
US

5750 HOMEWARD HWY
SUGARLAND TX 77479-5039
US

2. Principal Place of Business

3. Mailing Address **METRO CENTER**

METRO CENTER, ONE STATION PLACE
Suite, Apt. #, etc.

ONE STATION PLACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STAMFORD, CT

City & State

STAMFORD, CT

4. FEI Number

86-0366358

Applied For

Not Applicable

Zip

Country

06902

USA

Zip

Country

06902

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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, 2000 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 ☐ Delete
NAME **DP**
STREET ADDRESS **JACHINO, ROBERT J**
CITY-ST-ZIP **1 STATION PLACE**
STAMFORD CT 06902

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **JORDAN, DAVID W**
CITY-ST-ZIP **11111 WILCRESST GREEN #300**
HOUSTON TX

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

TITLE ☐ Delete
NAME **VPAS**
STREET ADDRESS **SPRINGS, MICHAEL E**
CITY-ST-ZIP **11111 WILCREST GREEN #300**
HOUSTON TX

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

TITLE ☐ Delete
NAME **VPAS**
STREET ADDRESS **SCHROEDER, JAMES W**
CITY-ST-ZIP **ONE STATION PLACE**
STAMFORD CT 06902

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

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **ILAW, LESLIE**
CITY-ST-ZIP **ONE STATION PLACE**
STAMFORD CT 06902

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Michael E. Springs

MICHAEL E. SPRINGS

04/25/00

(713) 783-6702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)