

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004539

1. Entity Name

INTEGRA RESORT MANAGEMENT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90010 013 ***150.00

Principal Place of Business Mailing Address
3710 RAWLINS, SUITE 1500 3710 RAWLINS, SUITE 1500
DALLAS TX 75219 DALLAS TX 75219-4282

2. Principal Place of Business 3. Mailing Address
6210 N. KINGS HWY 6210 N. KINGS HWY
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 100 SUITE 100
City & State City & State
ALEXANDRIA, VA ALEXANDRIA VA
Zip Country Zip Country
22303 USA 22303 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2611784 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.

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO EVANS, ERIC P 3710 RAWLINS, SUITE 1500 DALLAS TX 75219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASON, KENNETH F 3710 RAWLINS, SUITE 1500 DALLAS TX 75219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCRAY, LOU 3710 RAWLINS, SUITE 1500 DALLAS TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YATES, CHERI L 3710 RAWLINS, SUITE 1500 DALLAS TX 75219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MELLE, MELVIN J 3710 RAWLINS, SUITE 1500 DALLAS TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOENIG, JOSEPH T 3710 RAWLINS, SUITE 1500 DALLAS TX	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO EVANS, ERIC P 6210 N. KINGS HWY ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASON, KENNETH F. 6210 N. KINGS HWY ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V A ST MCCRAY, LOU 6210 N. KINGS HWY ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YATES, CHERI L 6210 N. KINGS HWY ALEXANDRIA, VA 22303	<input checked="" 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 the empowered.

SIGNATURE: Kenneth F. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 703-768-3300
Date Daytime Phone #

CR2E034 (9/99)