

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
 02-20-2000 90006 036 ***150.00

DOCUMENT # F96000000457

1. Entity Name

LIC VENTURES, INC.

Principal Place of Business

~~301 CONGRESS AVE #1500~~
 AUSTIN TX 78701

Mailing Address

P. O. BOX 2030
 AUSTIN TX 78768-2030
 US

2. Principal Place of Business

1300 S. Mopac Expy.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Austin, Tx.

City & State

Zip

78746

Country

USA

Zip

Country

4. FEI Number

74-2772874

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

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

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	JASTROW, KENNETH M II	
STREET ADDRESS	301 CONGRESS AVE #1500 1300 S. Mopac	
CITY-ST-ZIP	AUSTIN TX 78701 78746	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	JASTROW, KENNETH M II	
STREET ADDRESS	301 CONGRESS AVE #1500 1300 S. Mopac	
CITY-ST-ZIP	AUSTIN TX 78701 78746	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KNIGHT, CRAIG A	
STREET ADDRESS	301 CONGRESS AVE #1500 1300 S. Mopac	
CITY-ST-ZIP	AUSTIN TX 78701 78746	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WARNER, M. RICHARD	
STREET ADDRESS	303 S TEMPLE DR	
CITY-ST-ZIP	DIBOLL TX 75941	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURPIN, DAVID W	
STREET ADDRESS	303 S TEMPLE DR	
CITY-ST-ZIP	DIBOLL TX 75941	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSTON, J. BRADLEY	
STREET ADDRESS	8333 DOUGLAS	
CITY-ST-ZIP	DALLAS TX 75225	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH R. DuBUQUE	
STREET ADDRESS	1300 SO. MOPAC EXPRESSWAY	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH R. DuBUQUE	
STREET ADDRESS	1300 SO. MOPAC EXPRESSWAY	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 SO. MOPAC EXPRESSWAY	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 SO. MOPAC EXPRESSWAY	
CITY-ST-ZIP	AUSTIN, TX 78746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 SO. MOPAC EXPRESSWAY	
CITY-ST-ZIP	AUSTIN, TX 78746	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. TURPIN

Date

01/25/2000 (512) 434-8705

Daytime Phone #

CR2E034 (9/99)