

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**  
 03-30-2001 90333 046 \*\*\*150.00

0568961

**DOCUMENT # F96000000937**

1. Entity Name  
**ABACOA DEVELOPMENT COMPANY**

Principal Place of Business  
**1800 WEST LOOP SOUTH  
 SUITE 850  
 HOUSTON TE 77027  
 US**

Mailing Address  
**1800 WEST LOOP SOUTH  
 SUITE 850  
 HOUSTON TE 77027  
 US**

2. Principal Place of Business  
**675 W. INDIANTOWN ROAD**

3. Mailing Address  
**675 W. INDIANTOWN ROAD**

Suite, Apt. #, etc.  
**203**

Suite, Apt. #, etc.  
**203**

City & State  
**JUPITER, FL**

City & State  
**JUPITER, FL**

Zip  
**33458-7556**

Country  
**PLM BEACH**

Zip  
**33458-7556**

Country  
**PLM BEACH**

4. FEI Number **51-0372237**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GARY, JOHN W III  
 701 US HIGHWAY 1  
 SUITE 402  
 NORTH PALM BEACH FL 33408**

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 **P** ☐ Delete  
 NAME **SALOUR, NADER G M**  
 STREET ADDRESS **675 W INDIANTOWN ROAD #203**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **ST** ☐ Delete  
 NAME **CLARK, TIMOTHY**  
 STREET ADDRESS **1800 WEST LOOP SOUTH, SUITE 850**  
 CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☐ Delete  
 NAME **MINTZ, JOSHUA T**  
 STREET ADDRESS **140 S DEARBORN SUITE #1100**  
 CITY-ST-ZIP **CHICAGO IL 60603**

TITLE **D** ☐ Delete  
 NAME **CLARK, STEPHEN T**  
 STREET ADDRESS **1800 WEST LOOP SOUTH, SUITE 850**  
 CITY-ST-ZIP **HOUSTON TE 77027**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **100 CONGRESS AVENUE, SUITE 1590**  
 CITY-ST-ZIP **AUSTIN, TX 78701-4042**

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **100 CONGRESS AVENUE, SUITE 1590**  
 CITY-ST-ZIP **AUSTIN, TX 78701-4042**

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)