

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001658

1. Entity Name

CONTINENTAL PINES CORPORATION

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90108 030 \*\*\*150.00

Principal Place of Business

Mailing Address

10670 N CENTRAL EXPRESSWAY, STE 600  
DALLAS TX 75231

10670 N CENTRAL EXPRESSWAY, STE 600  
DALLAS TX 75231-2111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2640193

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 CP  
NAME PAULSON, RANDALL M  
STREET ADDRESS 10670 N CENTRAL EXPRESSWAY, STE 600  
CITY-ST-ZIP DALLAS TX 75231 ☒ Delete

TITLE CP  
NAME Blaha, Karl L.  
STREET ADDRESS 10670 N. Central Exp  
CITY-ST-ZIP Dallas, TX 75231 ☒ Change ☐ Addition

TITLE DS  
NAME WALDMAN, ROBERT A  
STREET ADDRESS 10670 N CENTRAL EXPRESSWAY, STE 600  
CITY-ST-ZIP DALLAS TX 75231 ☐ Delete

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

TITLE V  
NAME CANON, JAMES D III  
STREET ADDRESS 10670 N CENTRAL EXPRESSWAY, STE 600  
CITY-ST-ZIP DALLAS TX 75231 ☐ Delete

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

TITLE T  
NAME POTERA, DREW D  
STREET ADDRESS 10670 N CENTRAL EXPRESSWAY, STE 600  
CITY-ST-ZIP DALLAS TX 75231 ☐ Delete

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

TITLE AS  
NAME WEAVER, CHERYL  
STREET ADDRESS 10670 N CENTRAL EXPRESSWAY, STE 600  
CITY-ST-ZIP DALLAS TX 75231 ☒ Delete

TITLE AS  
NAME Karen Pederson  
STREET ADDRESS 10670 N Central Exp  
CITY-ST-ZIP Dallas, TX 75231 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Waldman

Date

Daytime Phone #

4-10-00

214-692-4700

CR2E034 (9/99)