

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001658

1. Entity Name  
**CONTINENTAL PINES CORPORATION**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90152 032 \*\*\*150.00

Principal Place of Business  
**10670 N CENTRAL EXPRESSWAY, STE 600  
DALLAS TX 75231**

Mailing Address  
**10670 N CENTRAL EXPRESSWAY, STE 600  
DALLAS TX 75231**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1800 Valley View Lane**  
Suite, Apt. #, etc.  
**Suite 300**  
City & State  
**Dallas, Texas**

3. Mailing Address  
**1800 Valley View Lane**  
Suite, Apt. #, etc.  
**Suite 300**  
City & State  
**Dallas, Texas**

4. FEI Number **75-2640193**  
Applied For  
Not Applicable

Zip **75234** Country **USA** Zip **75234** Country **USA**  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BLAHA, KARL L 10670 N CENTRAL EXPRESSWAY, STE 600 DALLAS TX 75231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALDMAN, ROBERT A 10670 N CENTRAL EXPRESSWAY, STE 600 DALLAS TX 75231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANON, JAMES D III 10670 N CENTRAL EXPRESSWAY, STE 600 DALLAS TX 75231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Endendyk, Bruce A. 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POTERA, DREW D 10670 N CENTRAL EXPRESSWAY, STE 600 DALLAS TX 75231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Stracener, Kelly 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PEDERSON, KAREN 10670 N CENTRAL EXPRESSWAY, STE 600 DALLAS TX 75231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS Rauner, Carolyn 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: M. R. Rodriguez VP TAX 1/17/01 469-522-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)