

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000790

1. Entity Name

AMRESO BUILDERS GROUP, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90108 001 \*\*\*150.00

Principal Place of Business 700 N. PEARL, SUITE 2400 DALLAS TX 75201	Mailing Address 700 N. PEARL, SUITE 2400 DALLAS TX 75201-2832
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2. Principal Place of Business 700 N. Pearl Street Suite, Apt. #, etc. Suite 1900 City & State Dallas, TX Zip 75201-7424	3. Mailing Address 700 N. Pearl Street Suite, Apt. #, etc. Suite 1900 City & State Dallas, TX Zip 75201-7424	Country USA	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2685942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LUTZ, ROBERT H JR 700 N. PEARL, SUITE 2400 DALLAS TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 N. PEARL, SUITE 1900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESPAIN, JOHN T 11011 RICHMOND, STE. 850 HOUSTON TX 77042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAIR, ROBERT L III 700 N. PEARL, SUITE 2400 DALLAS TX 75201-7424 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO EDWARDS, BARRY L 700 N. PEARL, SUITE 2400 DALLAS TX 75201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, STEPHEN W.G. 700 N. PEARL, SUITE 1900 DALLAS, TX 75201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, RANDY E 700 N. PEARL, SUITE 2400 DALLAS TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 N. PEARL, SUITE 1900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BLACKWELL, L. KEITH 700 N. PEARL STREET, SUITE 2400 DALLAS TX 75201-7424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLACKWELL, L. KEITH 700 N. PEARL, SUITE 1900 DALLAS, TX 75201 <input checked="" 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: <i>Keith Blackwell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Keith Blackwell, Vice President	4-26-2000 Date	214-953-7727 Daytime Phone #
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CR2E034 19/99