

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002299

1. Entity Name

ART FLORIDA PARTNERS II, INC.

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

04-20-2000 90004 029 \*\*\*150.00

Principal Place of Business Mailing Address  
10670 N. CENTRAL EXPRESSWAY, STE. 600 10670 N. CENTRAL EXPRESSWAY, STE. 600  
DALLAS TX 75231 DALLAS TX 75231-2111

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 75-2759538 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PAULSON, RANDALL M	
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, STE. 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARTON, D. BRIAN	
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, STE. 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANON, JAMES D III	
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, STE. 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input type="checkbox"/> Delete
NAME	ENDENDYK, BRUCE A	
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, STE. 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLAND, THOMAS A	
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, STE. 600	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WELCH, STEWART N	
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, STE. 600	
CITY-ST-ZIP	DALLAS TX 75231	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blaha, Karl L.	
STREET ADDRESS	10670 N Central Exp	
CITY-ST-ZIP	Dallas TX 75231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Robert A. Waldman

Date

Daytime Phone #

4-10-00 214-692-4100

FILED