

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002300

1. Entity Name  
ART FLORIDA PARTNERS III, INC.

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

02-07-2001 90152 034 \*\*\*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

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



DO NOT WRITE IN THIS SPACE

Zip 75234 Country USA Zip 75234 Country USA

4. FEI Number 75-2759540

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	PD 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	V BARTON, D. BRIAN 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 type="checkbox"/> Addition
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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENDENDYK, BRUCE 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 HOLLAND, THOMAS A 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 Branigan, Mark W. 1800 Valley View Lane, Suite 300 Dallas, Texas 75234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 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

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: W.D. Korman VP-TM 1/17/01 469/522-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)