

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002304

1. Entity Name

TRANSCONTINENTAL PLAZA, INC.

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

04-20-2000 90101 035 \*\*\*150.00

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2759961

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

TITLE PD  
NAME BLAHA, KARL L  
STREET ADDRESS 10670 N Central Exp St 600  
CITY-ST-ZIP DALLAS, TX 75231 ☐ Change ☒ Addition

TITLE V  
NAME BLAHA, KARL L  
STREET ADDRESS 10670 NORTH CENTRAL EXPRESSWAY, STE. 600  
CITY-ST-ZIP DALLAS TX 75231 ☒ Delete

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

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

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

TITLE V  
NAME ENDENDYK, BRUCE A  
STREET ADDRESS 10670 NORTH CENTRAL EXPRESSWAY, STE. 600  
CITY-ST-ZIP DALLAS TX 75231 ☐ Delete

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

TITLE V  
NAME HOLLAND, THOMAS A  
STREET ADDRESS 10670 NORTH CENTRAL EXPRESSWAY, STE. 600  
CITY-ST-ZIP DALLAS TX 75231 ☐ Delete

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

TITLE V  
NAME KRUGER, BRADLEY A  
STREET ADDRESS 10670 NORTH CENTRAL EXPRESSWAY, STE. 600  
CITY-ST-ZIP DALLAS TX 75231 ☒ 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

4-10-00 214-692-4700

Date

Daytime Phone #

CR2E034 (9/99)