

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 05-02-2000 90112 037 \*\*\*150.00

**DOCUMENT # F98000003926**

1. Entity Name  
**AMRESKO INDEPENDENCE FUNDING, INC.**

Principal Place of Business      Mailing Address  
 700 NORTH PEARL, STE 2400      700 NORTH PEARL, STE 2400  
 DALLAS TX 75201      DALLAS TX 75201-2832

2. Principal Place of Business      3. Mailing Address  
 700 N. PEARL STREET      700 N. PEARL STREET  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 SUITE 1900      SUITE 1900  
 City & State      City & State  
 DALLAS, TX      DALLAS, TX  
 Zip      Country      Zip      Country  
 75201-7424      USA      75201-7424      USA



DO NOT WRITE IN THIS SPACE

4. FEI Number      75-2766330      Applied For  
 Not Applicable  
 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.      ☐      **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      ☐      **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, B. RUSS		NAME		
STREET ADDRESS	700 NORTH PEARL, STE 2400		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201-7424		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL JR, CHARLES P		NAME		
STREET ADDRESS	700 NORTH PEARL, STE 2400		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, CHARLES B		NAME		
STREET ADDRESS	700 NORTH PEARL, STE 2400		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAGAN, DARLENE F		NAME		
STREET ADDRESS	700 N PEARL ST STE 2400		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201-7424		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RANDOLPH E		NAME		
STREET ADDRESS	700 NORTH PEARL, STE 2400		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201-7424		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, L K		NAME		
STREET ADDRESS	700 NORTH PEARL, STE 2400		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		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:** *Darlene F. Reagan*      Darlene F. Reagan, Secretary      4-26-2000      214-953-7700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)