

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000223**

1. Entity Name

STUDENT DEVELOPERS I, INC.

Principal Place of Business

**6363 WOODWAY SUITE 1000
HOUSTON TX 77057-1757**

Mailing Address

**6363 WOODWAY SUITE 1000
HOUSTON TX 77057-1759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CVD
DINERSTEIN, T.H.
6363 WOODWAY SUITE 1000
HOUSTON TX 77057-1757** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
DINERSTEIN, JACK
6363 WOODWAY SUITE 1000
HOUSTON TX 77057-1757** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CALTAGIRONE, VINCENT T III
6363 WOODWAY SUITE 1000
HOUSTON TX 77057-1757** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPT
CAMPBELL, GARY
6363 WOODWAY SUITE 1000
HOUSTON TX 77057-1757** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOS
HUSMANN, RANDALL
6363 WOODWAY SUITE 1000
HOUSTON TX 77057-1757** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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 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

Date

Daytime Phone #