

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90345 028 ***150.00

DOCUMENT # F99000001261

1. Entity Name
LINCOLN PROPERTY COMPANY NO. 2695, INC.

KT 92605

Principal Place of Business Mailing Address
PO BOX 1920 PO BOX 1920
DALLAS TX 75221 DALLAS TX 75221

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2774273**

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, 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	PD	<input type="checkbox"/> Delete
NAME	DUVALL, WILLIAM C	
STREET ADDRESS	1505 FEDERAL	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOOTER, K E	
STREET ADDRESS	1505 FEDERAL	
CITY-ST-ZIP	DALLAS TX	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY A	
STREET ADDRESS	1505 FEDERAL	
CITY-ST-ZIP	DALLAS TX	
TITLE	CD	<input type="checkbox"/> Delete
NAME	POGUE, MACK	
STREET ADDRESS	1505 FEDERAL	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	COURTWRIGHT, GREGORY S	
STREET ADDRESS	1505 FEDERAL	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EVERETT, LEIGH A	
STREET ADDRESS	1505 FEDERAL	
CITY-ST-ZIP	DALLAS TX	

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	
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

Leigh Ann Everett
Asst. Secretary

Date

Daytime Phone #

CR2E034 (10/00)